EB146/2020/REC/1

WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

146TH SESSION

GENEVA, 3–8 FEBRUARY 2020

RESOLUTIONS AND DECISIONS
ANNEXES

GENEVA
2020

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN – Association of Southeast Asian Nations
FAO – Food and Agriculture Organization of the United Nations
IAEA – International Atomic Energy Agency
IARC – International Agency for Research on Cancer
ICAO – International Civil Aviation Organization
IFAD – International Fund for Agricultural Development
ILO – International Labour Organization (Office)
IMF – International Monetary Fund
IMO – International Maritime Organization
INCB – International Narcotics Control Board
IOM – International Organization for Migration
ITU – International Telecommunication Union
OECD – Organisation for Economic Co-operation and Development
OIE – World Organisation for Animal Health
PAHO – Pan American Health Organization
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNCTAD – United Nations Conference on Trade and Development
UNDP – United Nations Development Programme
UNEP – United Nations Environment Programme
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
UNHCR – Office of the United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNIDO – United Nations Industrial Development Organization
UNODC – United Nations Office on Drugs and Crime
UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP – World Food Programme
WIPO – World Intellectual Property Organization
WMO – World Meteorological Organization
WTO – World Trade Organization

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PREFACE

The 146th session of the Executive Board was held at WHO headquarters, Geneva, from 3 to 8 February 2020. The proceedings are issued in two volumes. The present volume contains the resolutions and decisions, and relevant annexes. The summary records of the Board's discussions, and details regarding membership of committees, are issued in document EB146/2020/REC/2. The list of participants and officers is contained in document EB146/DIV./1 Rev.1.

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[1] See Annex 2.

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RESOLUTIONS

EB146.R1 Appointment of the Regional Director for Africa

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for Africa at its sixty-ninth session,

1. REAPPOINTS Dr Matshidiso Moeti as Regional Director for Africa as from 1 February 2020;

2. AUTHORIZES the Director-General to issue a contract to Dr Matshidiso Moeti for a period of five years from 1 February 2020, subject to the provisions of the Staff Regulations and Staff Rules.

(Second meeting, 3 February 2020)

EB146.R2 Appointment of the Regional Director for Europe

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for Europe at its sixty-ninth session,

1. APPOINTS Dr Hans Kluge as Regional Director for Europe as from 1 February 2020;

2. AUTHORIZES the Director-General to issue a contract to Dr Hans Kluge for a period of five years from 1 February 2020, subject to the provisions of the Staff Regulations and Staff Rules.

(Second meeting, 3 February 2020)

EB146.R3 Appreciation of the outgoing Regional Director for Europe

The Executive Board,

Desiring to express its appreciation to Dr Zsuzsanna Jakab, for her services as Regional Director for Europe;

Mindful of Dr Zsuzsanna Jakab's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for Europe;

Recalling resolution EUR/RC69/R4 (2019), adopted by the Regional Committee for Europe, which designates Dr Zsuzsanna Jakab as Regional Director Emeritus,

1. EXPRESSES its profound gratitude and appreciation to Dr Zsuzsanna Jakab for her invaluable and longstanding contribution to the work of WHO in the European Region;

2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service of WHO.

(Second meeting, 3 February 2020)

EB146.R4 Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories[1]

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,[2]

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2020 concerning the remuneration of staff in the professional and higher categories.

(Fourth meeting, 4 February 2020)

EB146.R5 Salaries of staff in ungraded positions and of the Director-General[3]

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,[4]

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salary of each Assistant Director-General and Regional Director at US$ 182 411 gross per annum with a corresponding net salary of US$ 135 891;

2. ESTABLISHES the salary of the Deputy Director-General at US$ 200 998 gross per annum with a corresponding net salary of US$ 148 159;

[1] See Annex 1, and Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB146/49 Rev.1.

[3] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[4] Document EB146/49 Rev.1.

3. ESTABLISHES the salary of the Director-General at US$ 251 859 gross per annum with a corresponding net salary of US$ 189 801;

4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2020.

(Fourth meeting, 4 February 2020)

EB146.R6 Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem[1]

The Executive Board,

Having considered the report on accelerating the elimination of cervical cancer as a global public health problem,[2]

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

Having considered the report on accelerating the elimination of cervical cancer as a global public health problem;

Reaffirming resolution WHA66.10 (2013), in which the Health Assembly decided, inter alia, to endorse WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020, and decision WHA72(11) (2019), in which the Health Assembly requested the Director-General to propose updates to the appendices of the global action plan, resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach, resolution WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, and resolution WHA69.22 (2016), in which the Health Assembly adopted the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;

Recalling the political declaration of the high-level meeting on universal health coverage entitled "Universal health coverage: moving together to build a healthier world",[3] including the commitment to further strengthen efforts to address noncommunicable diseases as part of universal health coverage, and the recognition that people's engagement, particularly of women and girls, families and communities, and the inclusion of all relevant stakeholders is one of the core components of health system governance, to fully empower all people in improving and protecting their own health;

Recalling also the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,[4] including the commitment to promote access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer, including cervical cancer, as part of the comprehensive approach to its prevention and control;

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB146/9.

[3] United Nations General Assembly resolution 74/2 (2019).

[4] United Nations General Assembly resolution 73/2 (2018).

Recalling further decision EB144(2) (2019), in which the Executive Board noted that urgent action is needed to scale up implementation of proven cost-effective measures towards achieving the elimination of cervical cancer as a global public health problem, including vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers, and palliative care, which will require political commitment and greater international cooperation and support for equitable access, including strategies for resource mobilization;

Emphasizing that effective interventions for the prevention (including vaccination and screening), early detection, diagnosis, treatment and care in respect of cervical cancer support the realization of the indivisible goals and targets of the 2030 Agenda for Sustainable Development, especially Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 5 (Achieve gender equality and empower all women and girls) and Goal 10 (Reduce inequality within and among countries);

Deeply concerned by the significant burden of mortality and morbidity from cervical cancer and the associated suffering and stigma experienced by women, families and communities, particularly in low- and middle-income countries, and concerned by the disproportionate burden in remote and hard-to-reach areas, on marginalized communities or those in vulnerable situations, and on women and girls living with HIV, who are more likely to develop cervical cancer;

Recognizing the importance of a holistic health systems approach to cervical cancer prevention and control, integrating vaccination programmes, screening and treatment programmes, adolescent health services, HIV and sexual and reproductive health services, and communicable disease and noncommunicable disease health services, as well as the importance of inclusive and strategic national, regional and global partnerships that extend beyond the health sector;

Welcoming the prioritization of vaccination of girls against human papillomavirus as the most effective long-term intervention for reducing the risk of developing cervical cancer, and recognizing the critical importance of strengthening vaccine supply and access, including by improving affordability and reducing prices to facilitate the inclusion of the human papillomavirus vaccine in national immunization programmes;

Recognizing the urgent need to implement and scale up cervical cancer screening and treatment programmes to reduce incidence and mortality, and the urgent need to increase research and collaboration to develop cost-effective and innovative interventions for vaccination, screening, diagnosis, treatment and care in respect of cervical cancer, which could greatly increase the availability, affordability and accessibility of such interventions,

1. ADOPTS the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030;

2. URGES Member States[1] to implement the interventions recommended in the global strategy to accelerate the elimination of cervical cancer as a public health problem, adapted to national contexts and priorities, and embedded in strong health systems aimed at achieving universal health coverage;

[1] And, where applicable, regional economic integration organizations.

3. CALLS UPON relevant international organizations and other stakeholders:

(1) to give priority within their respective roles and activities to supporting implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem, and to coordinate efforts in order to avoid duplication, close gaps and leverage domestic and international resources effectively;

(2) to work collaboratively to avoid shortages and strengthen the supply of quality, safe, effective and affordable vaccines, tests and diagnostic tools, medicines, radiotherapy and surgery in respect of human papillomavirus in order to meet the growing demand, including by reducing prices and increasing global and local production, and to develop further cost-effective and innovative interventions for vaccination, screening, diagnosis, treatment and care;

4. REQUESTS the Director-General:

(1) to provide support to Member States, upon request, in implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem, including support: to develop integrated national plans and strategies with appropriate country-specific targets; to ensure inclusion of human papillomavirus vaccine into national immunization programmes and engagement with the education sector and community stakeholders, including to close the vaccine confidence gap; to improve the availability, affordability, accessibility, utilization and quality of screening, vaccines, diagnostics, medical devices and medicines used in the prevention, treatment and care of pre- and invasive cervical cancer, including radiotherapy, surgery and palliative care; and to build health workforce capacity and strengthen systems for monitoring and surveillance;

(2) to prioritize support for high-burden countries to bring evidence-based interventions to scale, mindful of the particular challenges faced by low- and middle-income countries, and cognizant of the burden on vulnerable and marginalized communities, and on women and girls who are living with HIV;

(3) to collaborate closely with relevant international organizations and stakeholders and strengthen stakeholder engagement, coordination, research, innovation and resource mobilization in order: to support implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem; to measure the impact of implementation; and to facilitate exchange of best practices between Member States;

(4) to report on progress in implementation of this resolution in 2022 and 2025 as part of the consolidated report to be submitted to the Health Assembly through the Executive Board in line with paragraph 3(e) of decision WHA72(11) (2019), and to submit a final report in 2030 with lessons learned, best practices and recommendations for further acceleration towards elimination of cervical cancer as a public health problem.

(Seventh meeting, 5 February 2020)

EB146.R7 Draft global strategy for tuberculosis research and innovation[1]

The Executive Board,

Having considered the report on ending tuberculosis: draft global strategy for tuberculosis research and innovation,[2]

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

Concerned that tuberculosis remains the leading cause of death from a single infectious agent globally and the leading cause of death among people with HIV, responsible for an estimated 1.5 million deaths in 2018, and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a critical priority in the global response to antimicrobial resistance;

Reaffirming resolution WHA67.1 (2014), in which the Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the "End TB Strategy",[3] including its third pillar of intensified research and innovation;

Recognizing that the 2030 milestone of ending the tuberculosis epidemic, will not be met without strengthening linkages between elimination of tuberculosis and relevant Sustainable Development Goal targets, including through universal health coverage and intensified research and innovation, linked, as appropriate, to WHO collaborating centres;

Recalling the commitments made in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis,[4] as well as the Moscow Declaration to End TB,[5] and recalling resolution WHA71.3 (2018), in which the Health Assembly welcomed the Moscow Declaration's commitments and calls to action on, inter alia, pursuing science, research and innovation;

Recalling also the request, in resolution WHA71.3, that the Director-General develop a global strategy for tuberculosis research and innovation, and make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development;

Reaffirming commitments made through the political declarations adopted at the high-level meetings of the United Nations General Assembly on ending AIDS[6] and on universal health

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB146/11.

[3] See document EB146/10.

[4] United Nations General Assembly resolution 73/3 (2018).

[5] Available at http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/ (accessed 4 February 2020).

[6] United Nations General Assembly resolution 70/266 (2016).

coverage,[1] which are critical also to ending tuberculosis, and advancing related research and innovation;

Recognizing that the reduction in illness and death from tuberculosis is being challenged by antimicrobial resistance; reaffirming the importance of the political declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance;[2] and acknowledging that, owing to antimicrobial resistance, many other health achievements are also being gravely challenged;

Cognizant that all policies on prevention, diagnosis, treatment and care in respect of tuberculosis need to be evidence based;

Struck by the overwhelming urgency of the need to make available new tuberculosis medicines and diagnostics, and vaccines against tuberculosis;

Acknowledging that the science, research and innovation needed to develop new tools and strategies to mitigate the human, social and economic consequences of the tuberculosis epidemic should consider national contexts and circumstances;

Concerned that the pace of local innovation is often impeded by weak links between national tuberculosis programmes and public research institutes, and by a lack of adequate research infrastructure in many countries with a high burden of tuberculosis; noting the need both to create environments conducive to, and to increase investments in, research, development and deployment of new tuberculosis medicines and diagnostics, and vaccines against tuberculosis; and recalling the importance of multisectoral and multistakeholder collaboration for research, development and innovation,

1. ADOPTS the global strategy for tuberculosis research and innovation, with its four strategic objectives:

(1) create an enabling environment for high-quality tuberculosis research and innovation;

(2) increase financial investments in tuberculosis research and innovation;

(3) promote and improve approaches to data sharing;

(4) promote equitable access to the benefits of research and innovation;

2. URGES all Member States:[3]

(1) to adapt and implement the global strategy for tuberculosis research and innovation, including the specific actions recommended in it, according to national context, and to provide adequate financial and other resources for implementation, including through international cooperation;

(2) to embed the global strategy for tuberculosis research and innovation within overall actions to implement the End TB Strategy, country-specific tuberculosis research agendas,

[1] United Nations General Assembly resolution 74/2 (2019).

[2] United Nations General Assembly resolution 71/3 (2016).

[3] And, where applicable, regional economic integration organizations.

and national health research strategic plans under the core principles of affordability, effectiveness, efficiency and equity;

(3) to establish and strengthen the transfer and diffusion of knowledge in order to improve equitable access to, and promote use of, reliable, relevant, unbiased and timely tuberculosis-related health information, and to promote sharing of tuberculosis-related samples;

(4) to establish and strengthen tuberculosis research networks in collaboration with national tuberculosis programmes, relevant international organizations, as well as non-State actors, aligned to the global strategy for tuberculosis research and innovation;

(5) to promote an enabling environment for effective collaboration with non-State actors;

(6) to strengthen efforts for tuberculosis research and innovation as a complement to broader cooperation to tackle antimicrobial resistance at all levels, including through national action plans on antimicrobial resistance, taking into account the work and report of the ad hoc Interagency Coordination Group on Antimicrobial Resistance;

(7) to adapt and use WHO's multisectoral accountability framework to monitor and track progress to end tuberculosis;

(8) to increase investments, according to national contexts, in tuberculosis research and innovation;

3. CALLS UPON the global scientific community, international partners, non-State actors and other stakeholders, as appropriate:

(1) to provide support for the conduct and use of research and innovation aligned with country needs and focused on achieving the goals and targets of the End TB Strategy, including those contained in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis;

(2) to establish and strengthen the transfer and diffusion of knowledge in order to improve equitable access to, and promote use of, reliable, relevant, unbiased and timely tuberculosis-related health information;

(3) to encourage the establishment of, and engage in, national, regional and global research and innovation partnerships, including public–private partnerships, to accelerate the development of tuberculosis-related affordable, safe, effective and quality medicines, vaccines, diagnostics and other health technologies, and mechanisms for their equitable delivery;

4. REQUESTS the Director-General:

(1) to provide technical and strategic support to Member States in implementing the global strategy for tuberculosis research and innovation;

(2) to promote collaboration between WHO, other entities of the United Nations system and other international agencies, as well as public and private organizations, and other relevant actors to help to implement the global strategy for tuberculosis research and innovation;

(3) to submit a report on progress in respect of the End TB Strategy, including progress on implementation of the global strategy for tuberculosis research and innovation, for consideration by the Seventy-fifth World Health Assembly in 2022, through the Executive Board at its 150th session, to inform preparations for the comprehensive review by Heads of State and Government at a United Nations high-level meeting in 2023, as requested in United Nations General Assembly resolution 73/3; and then, given the urgent action needed to end this epidemic, to report on progress to the Seventy-seventh World Health Assembly in 2024, through the Executive Board, and every two years thereafter, combined with other existing reporting requirements on tuberculosis, until 2030.

(Seventh meeting, 5 February 2020)

EB146.R8 Integrated people-centred eye care, including preventable vision impairment and blindness[1]

The Executive Board,

Having considered the report on integrated people-centred eye care, including preventable blindness and impaired vision,[2]

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

Having considered the report by the Director-General on integrated people-centred eye care, including preventable blindness and impaired vision, which draws on the *World report on vision*;[3]

Recalling resolutions WHA51.11 (1998) on global elimination of blinding trachoma, WHA56.26 (2003) on the elimination of avoidable blindness, WHA59.25 (2006) and WHA62.1 (2009) on the prevention of avoidable blindness and visual impairment, WHA66.12 (2013) on neglected tropical diseases, and WHA66.4 (2013) entitled "Towards universal eye health: a global action plan 2014–2019";

Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between eye health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 6 (Ensure availability and sustainable management of water and sanitation for all), Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and Goal 10 (Reduce inequality within and among countries);

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB146/13.

[3] World report on vision. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/328717, accessed 28 January 2020).

Recalling the political declaration of the high-level meeting on universal health coverage,[1] including the commitment therein to strengthen efforts to address eye health conditions as part of universal health coverage;

Recognizing that at least 2.2 billion people are living with vision impairment or blindness, of whomat least 1 billion have vision impairment that could have been prevented or is yet to be addressed;[2]

Acknowledging that the vast majority of people with vision impairment live in low- and middle-income countries, which often have limited resources and may lack strategies to prevent or correct vision impairment, and bearing in mind the higher prevalence of vision impairment in rural and remote areas;

Noting the significant impact of vision impairment on the development, educational achievement, quality of life, social well-being and economic independence of individuals, as well as on society, with disproportionate burdens imposed on underserved and vulnerable populations;

Aware that the majority of the causes of vision impairment can be prevented or their effects corrected through early detection and timely management, and that cost-effective interventions − covering promotion of eye health and prevention, treatment and rehabilitation − can be made available at primary health care level to respond to needs associated with eye conditions and vision impairment, but that there are significant variations in use of, and access to, eye care services between and within populations;

Noting that cataract and uncorrected refractive error are the leading causes of blindness and vision impairment and that effective interventions exist for both, and emphasizing the need to improve access to these interventions for everyone, everywhere;

Concerned by barriers to availability and accessibility of eye care services, such as cataract surgery, refraction services and provision of spectacles, including shortages of trained health personnel, insufficient cross-sectoral collaboration, access challenges for people in rural and remote areas, socioeconomic and cultural factors, inequities and costs of services;

Concerned also by the increasing prevalence of myopia, especially related to lifestyle factors in children, including intensive near vision activity and insufficient time spent outdoors;

Noting that achieving global targets for neglected tropical diseases that cause preventable blindness, especially trachoma and onchocerciasis, requires that health systems have the capacity, including adequate resources, to document, identify, screen for, treat and manage such diseases, using defined strategies, and, after verification or validation of elimination, to continue to retain people in eye care in order to manage these conditions and their complications;

Noting also that many eye conditions typically do not cause vision impairment and yet can still lead to personal and financial hardships because of associated treatment needs; and that certain of these conditions, such as pterygium, if untreated, may lead to vision impairment or blindness;

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[1] United Nations General Assembly resolution 74/2 (2019).

[2] World report on vision. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/328717, accessed 28 January 2020).

Recognizing that global eye care needs are expected to increase substantially in the coming decades due to demographic and lifestyle trends, including ageing populations globally, with the number of people living with blindness projected to triple by 2050, and with substantial increases expected in cases of cataract, glaucoma, diabetic retinopathy, uncorrected refractive error and age-related macular degeneration, and with half the global population expected to be living with myopia, and stressing the importance of prevention, early detection and treatment to contain and reverse these increases;

Noting that scientific and technological advances, including new screening methods and telemedicine, have great potential to benefit eye care further, including early detection, diagnosis and treatment;

Recognizing the need to achieve equitable access to safe, effective, quality and affordable eye care services, noting that delivery models differ among and within countries, and acknowledging the need for effective regulation, oversight and collaboration between governments and other stakeholders including the private sector, as appropriate;

Appreciating the efforts made by the Secretariat, Member States and international partners in recent years to prevent and address vision impairment, but mindful of the need for further action,

1. URGES Member States, taking into account their national circumstances and priorities, to take action to implement the recommendations in the *World report on vision*, including: to make eye care an integral part of universal health coverage; to implement integrated people-centred eye care in health systems; to promote high-quality implementation and health systems research complementing existing evidence for effective eye care interventions; to monitor trends and evaluate progress towards implementing integrated people-centred eye care; and to raise awareness and engage and empower people and communities in respect of eye care needs;

2. CALLS ON partners, including intergovernmental and nongovernmental organizations, to support Member States, as appropriate, in the national implementation of the recommendations in the *World report on vision*;

3. REQUESTS the Director-General:

(1) to provide technical support to Member States to implement the recommendations in the *World report on vision* as part of support to achieve universal health coverage;

(2) to develop additional guidance on evidence-based and cost-effective eye care interventions and approaches to facilitate the integration of eye care into universal health coverage, mindful that approaches will need to be tailored to a range of country contexts, budgets and models of health service delivery;

(3) to support the creation of a global research agenda for eye health that includes health systems and policy research, and technological innovation for affordable eye care, as well as surveillance that promotes cross-country comparisons for monitoring global progress;

(4) to prepare, in consultation with Member States, recommendations on feasible global targets for 2030 on integrated people-centred eye care, focusing on effective coverage of refractive error and effective coverage of cataract surgery, for consideration by the Seventy-fourth World Health Assembly in 2021, through the 148th session of the Executive Board;

(5) to report on progress in the implementation of this resolution to the Seventy-seventh World Health Assembly in 2024, and to ensure that eye health is included as part of regular reporting on resolution WHA69.11 on health in the 2030 Agenda for Sustainable Development (2016).

(Ninth meeting, 6 February 2020)

EB146.R9 Strengthening efforts on food safety[1]

The Executive Board,

Having considered the report on accelerating efforts on food safety,[2]

RECOMMENDS to the Seventy-third World Health Assembly, the adoption of the following resolution:

The Seventy-third World Health Assembly,

Having considered the report on food safety;

Recalling resolutions WHA53.15 (2000) on food safety and WHA63.3 (2010) on advancing food safety initiatives, and acknowledging that the challenges outlined in these resolutions continue as the food safety systems of many Member States are under development and need significant improvements in their key components, such as regulatory infrastructure, enforcement, surveillance, inspection, laboratory capacity and capability, coordination mechanisms, emergency response and food safety education and training;

Recalling also the international conferences in 2019 on food safety convened by WHO, FAO, and WTO and the African Union in Addis Ababa and Geneva, which identified key actions and strategies to tackle current and future challenges to food safety globally;

Noting that food safety plays a critical role in the achievement of many of the Sustainable Development Goals and contributes to relevant areas of WHO's Thirteenth General Programme of Work, 2019–2023 and efforts to address universal health coverage;

Considering that WHO published estimates on the global burden of foodborne diseases for the first time in 2015, in which it estimated that more than 600 million cases of foodborne illnesses and 420 000 deaths could occur in a year;[3] and that the burden of foodborne diseases falls

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB146/25.

[3] WHO estimates of the global burden of foodborne diseases: foodborne disease burden epidemiology reference group 2007–2015. Geneva: World Health Organization; 2015 (https://www.who.int/foodsafety/areas_work/foodborne-diseases/ferg/en/, accessed 4 February 2020).

disproportionately on groups in vulnerable situations and especially on children under 5 years of age, with the highest burden in developing countries;

Recalling the World Bank study, *The safe food imperative: accelerating progress in low- and middle-income countries*,[1] which called upon national governments to increase investments in their food safety infrastructure, and which noted that foodborne diseases resulting from the consumption of unsafe foods cost low- and middle-income countries at least US$ 110 billion in lost productivity and medical expenses annually;

Emphasizing the importance of the current WHO strategic plan for food safety including foodborne zoonoses, 2013–2022,[2] and noting its end date;

Noting the contribution of regional frameworks and networks to support food safety;

Recognizing that the development of standards, guidelines and recommendations by the Codex Alimentarius Commission, and their subsequent use by Member States, make a powerful contribution to food safety, and stressing the need to provide sufficient and sustainable funding for active participation in the provision of scientific advice to the Commission by experts from countries at all stages of development, especially developing countries, to underpin the elaboration by the Commission of science-based food safety standards, guidelines and recommendations;

Recognizing also that while progress has been made to strengthen national food safety systems, collective action is needed throughout all stages of the supply chain at the local, national, regional and global levels, involving different stakeholders, in order to respond to current and emerging food safety challenges including those linked to population-, age- and gender-based differences in risk analysis,[3] climate change and extreme weather events, and foodborne pathogens, including the growing threat of antimicrobial resistance, food safety risks related to food fraud as well as other foodborne risks;

Underlining that a One Health approach to food safety includes managing food safety risks along the entire food and feed chain; and recognizing that the interconnection between food safety and human, animal, plant and environmental health is necessary for the protection of human life and health and food safety, and that it should be pursued in the vision and strategic objectives of WHO;

Noting the availability of existing and new guidance and tools to support Member States in the design, development, operation, evaluation and monitoring of their national food control systems, such as the Principles and Guidelines for National Food Control Systems (CXG 82-2013) and the Principles and Guidelines for Monitoring the Performance of National

[1] Jaffee S, Henson S, Unnevehr L, Grace D, Cassou E. The safe food imperative: accelerating progress in low- and middle-income countries. Washington DC: International Bank for Reconstruction and Development and The World Bank; 2019 (https://openknowledge.worldbank.org/handle/10986/30568, accessed 4 February 2020).

[2] Advancing food safety initiatives: strategic plan for food safety including foodborne zoonoses 2013–2022. Geneva: World Health Organization; 2013 (https://www.who.int/foodsafety/strategic-plan/en/, accessed 5 February 2020).

[3] See Joint FAO/WHO Food Standards Programme, Codex Alimentarius Commission. Procedural manual, twenty-seventh edition. Rome: FAO/WHO; 2019:128 (http://www.fao.org/3/ca2329en/CA2329EN.pdf, accessed 5 February 2020).

Food Control Systems (CXG 91-2017) as well as the FAO–WHO Food control system assessment tool (2019)[1] adopted by the Codex Alimentarius Commission;

Acknowledging the global relevance of the International Food Safety Authorities Network (INFOSAN) and its importance, especially during foodborne disease emergencies;

Recognizing that innovation and developments in science and technology are advancing and, in particular, that data relevant to food safety are increasingly available, and that technology to derive insights from data is increasingly affordable; that these contribute to and support the design, management, reinforcement, implementation and maintenance of effective national food safety systems; and that such approaches hold promise for improved food safety outcomes throughout all stages of the global supply chain, thereby also increasing consumer confidence;

Recalling that food business operators, at every stage of the food chain, have the role of, and responsibility for, ensuring the safety of their food products,

1. URGES Member States:[2]

(1) to remain committed at the highest political level: to recognizing food safety as an essential element of public health; to developing food safety policies that take into consideration, as applicable, at all stages of the supply chain, the best available scientific evidence and advice as well as innovation; and to providing adequate resources at appropriate levels for improving systems to ensure food safety;

(2) to integrate food safety into national and regional policies on health, agriculture, trade, environment and development, as a means to implement the 2030 Agenda for Sustainable Development, and to take coherent actions across all relevant sectors in order to promote food safety, while recognizing consumer interests;

(3) to strengthen cross-sector collaboration, using a health-in-all-policies approach, and to apply a One Health approach to promote the sustainability and availability of, and access to, safe, sufficient and nutritious food for all populations, while recognizing the importance of affordability;

(4) to participate actively, and support inclusive participation, in the standard-setting work of the Codex Alimentarius Commission, including as a Member State, donor or beneficiary of the Codex Trust Fund, as well as by supporting the joint expert bodies of WHO and FAO, including through the provision of experts and data; and to take into account Codex standards, guidelines and recommendations when developing national legislation;

[1] FAO and WHO. 2019. Food control system assessment tool: Introduction and glossary. Food safety and quality series No. 7/1 (https://apps.who.int/iris/handle/10665/329866); FAO and WHO. 2019. Food control system assessment tool: Dimension A – Inputs and resources. Food safety and quality series No. 7/2. (https://apps.who.int/iris/handle/10665/329867); FAO and WHO. 2019. Food control system assessment tool: Dimension B – Control Functions. Food safety and quality series No. 7/3 (https://apps.who.int/iris/handle/10665/329868); FAO and WHO. 2019. Food control system assessment tool: Dimension C – Interactions with Stakeholders. Food safety and quality series No. 7/4. (https://apps.who.int/iris/handle/10665/329869); FAO and WHO. 2019. Food control system assessment tool: Dimension D – Science/knowledge base and continuous improvement. Food safety and quality series No. 7/5 (https://apps.who.int/iris/handle/10665/329870).

[2] And, where applicable, regional economic integration organizations.

(5) to enhance participation in the International Food Safety Authorities Network (INFOSAN), including supporting the timely transmission of data, information and knowledge about food-safety emergencies; and to further develop and implement the core capacities required for participation in the Network;

(6) to promote coherent actions to tackle foodborne antimicrobial resistance, including by actively supporting the work of relevant national bodies together with intergovernmental groups, such as the Codex ad hoc Intergovernmental Task Force on Antimicrobial Resistance;

(7) to promote increased use of Codex standards, guidelines and recommendations by governments, food business and other relevant operators, at all levels;

(8) to provide appropriate investment in national food safety systems and innovations in order to prevent food safety threats, including those associated with food fraud, and enable a rapid and appropriate response to food safety emergencies;

(9) to improve the availability, sharing and use of scientific data and evidence to support food safety decisions, including through the systematic monitoring of foodborne hazards and surveillance of foodborne disease outbreaks, as well as through timely reporting of this information through the International Food Safety Authorities Network (INFOSAN);

(10) to promote the use of food safety management tools among food business operators at all levels, including small-scale producers, and to encourage private sector investment in safe and sustainable production and supply chains;

(11) to recognize that consumers also have a role in managing food safety risks under their control and that, where relevant, they should be provided with information on how to achieve this, through the promotion of a culture of food safety by means of education and training in communities and schools in order to foster dialogue and inspire actions that enhance public awareness of food safety and that are aimed at increasing public confidence;

(12) to recognize World Food Safety Day as an important milestone and a platform for raising awareness at all levels about the importance of food safety, and for promoting and facilitating actions to prevent foodborne diseases at local, national, regional and global levels;

(13) to participate in national, regional and global activities aimed at applying innovative food safety strategies, including enhancing traceability and early detection of contamination, to improve the supply chain and promote cost-effective and efficient food safety systems and simple, easy-to-use laboratory analysis;

2. REQUESTS the Director-General:

(1) to update, in coordination with FAO, and in consultation with Member States and OIE, the WHO global strategy for food safety[1] in order to address current and emerging challenges, incorporating new technologies and including innovative strategies for strengthening food safety systems, and to submit a report for consideration by the Seventy-fifth World Health Assembly in 2022;

[1] WHO global strategy for food safety: safer food for better health. Geneva: World Health Organization; 2002 (https://apps.who.int/iris/handle/10665/42559, accessed 7 February 2020).

(2) to explore with the Director-General of FAO a method for coordinating the two agencies' strategic efforts on food safety, and to provide a report on this proposed method to the Seventy-fifth World Health Assembly, and through Director-General of FAO to FAO's governing bodies, as appropriate;

(3) to strengthen WHO's capacities and resources for fulfilling its leadership role, together with FAO, as founding organizations of the Codex Alimentarius Commission, in promoting the use of Codex standards, guidelines and recommendations, and in providing support to Member States, upon request, in developing and implementing food safety policies;

(4) to ensure sustainable, predictable and sufficient resources from WHO for the provision of timely scientific advice on food safety to the Codex Alimentarius Commission in order to facilitate the timely development by Codex of its standards, guidelines and recommendations, including by increasing the level of financial and in-kind contributions to support the Codex Alimentarius Commission and its work;

(5) to pursue, in cooperation with FAO, the further development of International Network of Food Safety Authorities (INFOSAN) to facilitate increased use of the Network by its members, including their rapid sharing of information on food hazards and risks;

(6) to pursue, in cooperation with FAO, effective and responsive training and capacity-building of members of International Network of Food Safety Authorities (INFOSAN);

(7) to facilitate understanding by Member States of developments in epidemiological and laboratory sciences and technologies in food and agriculture that provide new tools for risk assessment and management of food safety systems, and surveillance and outbreak response in respect of foodborne illness, and to support Member States' ability to assess the challenges and opportunities linked to the use of new and appropriate technologies in food safety, including the importance of fully realizing the benefits of such technologies by sharing the data generated;

(8) to place greater emphasis on food safety by encouraging the development of food safety infrastructure, including by collaborating with financial institutions, donor organizations, other multilateral organizations and regional economic communities in order to continue advancing the public health, social and economic benefits of improved food safety;

(9) to facilitate the exchange of knowledge and expertise with other relevant organizations, collaborating with them: to support the capacity-building of food safety systems in low- and middle-income countries; to conduct surveillance, investigation, control and reporting of foodborne illness and outbreaks; and to enable every actor of the food system to fulfil their responsibilities in the production and supply of safe food;

(10) to monitor regularly, and to report to Member States on, the global burden of foodborne and zoonotic diseases at national, regional and international levels, and in particular to prepare, by 2025, a new report on the global burden of foodborne diseases with up-to-date estimates of mortality, as well as incidence, and burden in terms of disability-adjusted life years;

(11) to report to the Seventy-fifth World Health Assembly on progress made in implementing this resolution.

(Thirteenth meeting, 7 February 2020)

EB146.R10 Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)[1]

The Executive Board,

Having considered the report by the Director-General on WHO's work in health emergencies,[2] and the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme,[3]

RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

The Seventy-third World Health Assembly,

Reaffirming resolution WHA58.3 (2005) on revision of the International Health Regulations, in which the Health Assembly urged Member States, inter alia, to build, strengthen and maintain the capacities required under the International Health Regulations (2005), and to mobilize resources necessary for that purpose; to collaborate with each other and WHO; to provide support to developing countries upon request; and to take all appropriate measures for furthering the purpose and eventual implementation of the International Health Regulations (2005);

Recalling the commitments made through the Sustainable Development Goals, including to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks;

Recalling further the Thirteenth General Programme of Work, 2019–2023, and its strategic priority of one billion more people better protected from health emergencies by 2023;

Taking note of the 2019 annual report of the independent Global Preparedness Monitoring Board;[4]

Concerned with the continued risk of the occurrence of health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being of people

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document EB146/17.

[3] Document EB146/16.

[4] A world at risk – annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019 (https://apps.who.int/gpmb/annual_report.html, accessed 8 February 2020).

around the world, particularly among vulnerable groups and people in vulnerable situations, including populations in conflict-affected areas and settings prone to natural disasters;

Recognizing the potentially catastrophic human and economic impact of a pandemic on any country and on the world, and that vulnerable and low-resourced communities would be hit harder given their limited access to safe water, sanitation and hygiene services and the lack of resilient health systems that have a solid public health infrastructure and provide access for all to essential health services and quality, safe, effective and affordable essential medicines and vaccines;

Recalling United Nations General Assembly resolution 74/118 (2019) on strengthening the coordination of emergency humanitarian assistance of the United Nations;

Noting the International Conference of the Red Cross and the Red Crescent resolution 33IC/19/R3 entitled "Time to act: tackling epidemics and pandemics together", which recalls the obligations to respect and protect the wounded and sick, health care personnel and facilities, as well as medical transports, and to take all reasonable measures to ensure safe and prompt access to health care for the wounded and sick, in times of armed conflict or other emergencies, in accordance with the applicable legal frameworks; and resolution 33IC/19/R2 entitled "Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies", which reaffirms, inter alia, the fundamental premise and commitment to "do no harm";

Alarmed by increasing attacks on medical personnel and facilities and by the lack of access to medical services that is a consequence of these attacks;

Noting WHO's leadership role in the development and implementation of the Surveillance System for Attacks on Health Care for systematic collection and dissemination of data on attacks on health facilities, health workers, health transport and patients in complex humanitarian emergencies, in response to resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies;

Recalling the Addis Ababa Action Agenda on Financing for Development, which encourages countries to consider setting nationally appropriate spending targets for quality investments in essential public services for all, including health, education, energy, water and sanitation, consistent with national sustainable development strategies; and which makes a commitment to strong international support for these efforts;

Recognizing that investments in preparedness further social and economic benefits and advance shared goals, such as strengthening health systems in order to achieve universal health coverage and the Sustainable Development Goals;

Acknowledging that addressing social determinants of health and reducing health inequities, including through the provision of education and health literacy as well as access to health services and sanitation, are fundamental in strengthening public health preparedness;

Stressing that investments to strengthen country and regional preparedness capabilities and capacities for health emergencies will reduce losses resulting from future emergencies and contribute to shared economic and social prosperity by stimulating innovation and promoting economic development, including by reducing potential investment risks;

Recalling decision WHA71(15) (2018) on implementation of the International Health Regulations (2005), in which the Health Assembly decided, inter alia, to welcome with

appreciation the five-year global strategic plan to improve public health preparedness and response, 2018–2023, and acknowledging progress made in its implementation;

Recalling further United Nations General Assembly resolutions 72/139 (2017), which underlines the role of resilient health systems in responding to outbreaks, and 70/183 (2015), which recognizes the primary role of Member States in preventing, preparing for and responding to outbreaks of infectious diseases, including those that become humanitarian crises, highlighting the critical role of WHO as the directing and coordinating authority on international health work, and the roles of the United Nations humanitarian system, regional organizations, nongovernmental organizations, the private sector and other humanitarian actors in providing financial, technical and in-kind support in order to bring epidemics under control;

Recalling also resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, which recognizes that WHO is in a unique position to support health ministries and partners, as the lead agency for the Inter-Agency Standing Committee Global Health Cluster, in coordinating preparations for, the response to and the recovery from humanitarian emergencies, and calls on Member States to strengthen national risk management, health emergency preparedness and contingency processes and disaster management units;

Further recalling the political declaration of the United Nations high-level meeting on universal health coverage,[1] which emphasized the need to enhance health emergency preparedness and response systems, as well as the United Nations General Assembly resolution 74/20 (2019) on global health and foreign policy: an inclusive approach to strengthening health systems, which encourages Member States to develop primary health care preparedness for health emergencies, to support and complement national and regional strategies, policies and programmes, and surveillance initiatives;

Recognizing the importance of both global and regional support as well as domestic resources and recurrent spending for preparedness as an integral part of national and global preparedness, universal health coverage and the Sustainable Development Goals;

Stressing the importance of adopting an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, and recognizing the links between human, animal and environmental health and the need to adopt a "One Health" approach;

Taking note of the Inter-Parliamentary Union resolution on achieving universal health coverage by 2030 and its emphasis on the need for strong capacities to prevent, detect and respond to public health risks;

Recalling the need for substantially increasing the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change and air pollution, resilience to disasters, and developing and implementing, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels;

Recognizing that urban settings are especially vulnerable to infectious disease outbreaks and epidemics, given the concentration of human activity, especially as hubs of trade and travel;

[1] United Nations General Assembly resolution 74/2 (2019).

Acknowledging that long-term, sustained community engagement is crucial for early detection and response to outbreaks, and for controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses;

Recognizing the need to involve women, young people, people with disabilities, and older people in planning and decision-making, and the need to ensure that during health emergencies, health systems ensure the delivery of and the universal access to health care services, including those for strong routine immunization, mental health and psychosocial support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health;

Recognizing further both the vital role in all phases of health emergencies (prevention, detection and response) of a motivated, skilled, and well-trained and well-resourced health workforce – including, where appropriate, community health workers – for actions at all levels;

Acknowledging that strengthening, as appropriate, national, subnational, regional, and global emergency medical teams is a high impact investment in preparedness for disasters, outbreaks, epidemics, and other health emergencies;

Recognizing WHO's contribution to strengthening global preparedness and response to health emergencies and welcoming the work of the WHO Health Emergencies Programme;

Noting WHO's portal for the Strategic Partnership for International Health Regulations (2005) and Health Security as a tool for monitoring progress in health security capacities, identification of needs, gaps and priorities, and mapping and sharing of information on investment and resources;

Reaffirming the principles of humanity, neutrality, impartiality and independence in the provision of humanitarian assistance, and reaffirming the need for all actors engaged in the provision of humanitarian assistance in situations of complex humanitarian emergencies and natural disasters to promote and fully respect these principles,

1. URGES Member States:[1]

(1) to fully comply with the International Health Regulations (2005), to take actions to implement the unmet obligations thereof, and to continue to build core capacities to detect, assess, report on and respond to public health events as set out in the International Health Regulations (2005), while mindful of the purpose and scope of the Regulations to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade;

(2) to prioritize at the highest political level the improvement of, and coordination for, health emergency preparedness in order to enable an inclusive multisectoral, all-hazards, health-in-all-policies and whole-of-society approach to preparedness, including, as appropriate, collaboration with civil society, academia and the private sector;

(3) to improve national coordination and collaboration regionally, internationally and with all stakeholders, in particular WHO, to optimize: mechanisms and the use of resources to avoid gaps in or duplication of efforts; and, as appropriate, coordination and

[1] And, where applicable, regional economic integration organizations.

collaboration across borders, including according to the provisions of the International Health Regulations (2005);

(4) to prioritize community involvement and capacity-building in all preparedness efforts, building trust and engaging multiple stakeholders from different sectors;

(5) to take action to engage and involve women in all stages of preparedness processes, including in decision-making, and to mainstream gender perspective in preparedness planning and emergency response;

(6) to continue to strengthen the capacities of health systems in health emergency preparedness and in providing during health emergencies continued access to affordable essential health services and primary health care, including mental health and psychosocial services, and services for people with disabilities;

(7) to dedicate domestic investments and recurrent spending and public funding to health emergency preparedness in priority setting, and in budgeting processes for health system strengthening, and across relevant sectors; and, where necessary, to work with partners to secure sustained funding;

(8) to improve governance and decision-making processes and enhance institutional and operational capacity and infrastructure for public health, including scientific and laboratory capacity and operational and research competence of national public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to tackle existing and emerging health threats and risks;

2. CALLS UPON Member States, regional economic integration organizations, international, regional and national partners, donors and partners:

(1) to provide political, financial and technical support through multisectoral efforts, to strengthen country capacities for health emergencies as an integral part of the Sustainable Development Goals, in particular in the most under-resourced, vulnerable and at-risk countries, through development assistance for health and timely provision of humanitarian funding;

(2) to continue supporting countries in the development of health emergency preparedness and implementation of core capacities under the International Health Regulations (2005), including, as appropriate, through national plans for implementation of the Regulations and/or, where relevant, national action plans for health security;

(3) to expand support for development and implementation of multisectoral national action plans and policies for preparedness, using an all-hazards and, as appropriate, “One Health” approaches, further enhancing synergies with health system strengthening, disease prevention and control, research and innovation, disaster risk management and relevant national plans in key sectors to enhance preparedness;

(4) to integrate evaluation of preparedness risks and resource needs into systematic institutional, policy and economic risk assessments, as well as into existing financing mechanisms across all relevant organizations;

(5) to support the provision of appropriate remuneration, resources and training to health professionals, especially those cadres typically under-represented in the health workforce, such as epidemiologists and mental health professionals, and strengthen, in particular, the

role of the local health workforce, and the development of effective and high-performing, national, subnational and regional Emergency Medical Teams, as appropriate, in line with WHO classification and minimum standards;

(6) to facilitate investment in strong national research agendas and adequate infrastructures for research and development in support of new measures to counteract the impact of health emergencies, including non-pharmaceutical interventions;

(7) to assess the vulnerabilities of cities and human settlements to health emergencies, paying particular attention to communicable disease outbreaks, and to enhance preparedness by integrating policies, plans and exercises across health, urban planning, water and sanitation, environmental protection and other relevant sectors, to ensure local leadership and community involvement;

(8) to pursue support for the sustainable financing of WHO's preparedness and response activities and the Contingency Fund for Emergencies;

(9) to encourage, promote and share information about strategic partnerships and technical collaboration for preparedness, including those between relevant international, regional and national institutions, in particular national public health institutes, including through the WHO Global Strategic Preparedness Network;

3. CALLS on Member States[1] and the Director-General to work with the Secretary-General of the United Nations and the United Nations Office for the Coordination of Humanitarian Affairs and other relevant United Nations organizations:

(1) to strengthen United Nations system-wide coordination in different country, health and humanitarian emergency contexts;

(2) to systematically review and revise United Nations preparedness and response strategies for outbreaks;

(3) to enhance United Nations system leadership for preparedness and response coordination, including through United Nations system-wide simulation exercises;

(4) to increase collaboration between relevant actors to accelerate preparedness for pandemics and disease outbreaks, in particular in fragile situations and conflict-affected areas;

4. REQUESTS the Director-General:

(1) to support States Parties, upon their request, to review their implementation of the International Health Regulations (2005) by using, as appropriate, available tools included in the International Health Regulations (2005) monitoring and evaluation framework;

(2) to allocate the necessary financial and human resources at all levels of the Organization for activities to support countries in improving health emergency preparedness;

[1] And, where applicable, regional economic integration organizations.

(3) to participate in United Nations operational reviews after major health emergencies and report in a timely manner to the Health Assembly, through the Executive Board, on lessons learned and recommendations for further action;

(4) to conduct a study in consultation with Member States on the need for and potential benefits of and, as appropriate, make proposals to the Seventy-fourth World Health Assembly through the Executive Board, on possible complementary mechanisms to be used by the Director-General to alert the global community about the severity and/or magnitude of a public health emergency in order to mobilize necessary support and to facilitate international coordination;

(5) to report to the Health Assembly, through the Executive Board, on the methodology and the implementation and findings of the Surveillance System for Attacks on Health Care in complex humanitarian emergencies, in line with resolution WHA65.20 (2012), as part of the regular reporting on the WHO Health Emergencies Programme;

(6) to report on the implementation of this resolution in connection with the annual reporting on WHO's work in emergencies, and annual reporting on the implementation of the International Health Regulations (2005), until the Seventy-seventh World Health Assembly.

(Fourteenth meeting, 8 February 2020)

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DECISIONS

EB146(1) Nelson Mandela Award for Health Promotion

The Executive Board, having considered the proposal contained in document EB146/45, decided to approve the revised draft statutes of the Nelson Mandela Award for Health Promotion.[1]

(Second meeting, 3 February 2020)

EB146(2) Non-State actors in official relations with WHO[2]

The Executive Board, having examined the report on engagement with non-State actors: non-State actors in official relations with WHO, including the review of one third of the non-State actors in official relations with WHO,[3]

(1) decided:

(a) to admit into official relations with WHO the following non-State actors: Fundación Anesvad, The Clinton Health Access Initiative, Inc. and World Association for Sexual Health;

(b) to discontinue official relations with the following non-State actors: International Occupational Hygiene Association, Human Rights in Mental Health – FGIP and International Alliance of Women: Equal Rights Equal Responsibilities;

(2) noted with appreciation the collaboration with WHO of the 66 non-State actors listed in Annex 2 to document EB146/35, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(3) further noted that a plan for collaboration with the International Rescue Committee has yet to be agreed, and decided to defer the review of relations with the entity until the 148th session of the Board in January 2021, at which time reports should be presented to the Board on the agreed plan for collaboration and on the status of relations.

(Third meeting, 4 February 2020)

[1] See Annex 2.

[2] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[3] Document EB146/35.

EB146(3) Geneva buildings renovation strategy[1]

The Executive Board, having considered the report on the Geneva buildings renovation strategy,[2] decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

> The Seventy-third World Health Assembly, having considered the report on the update on the Geneva buildings renovation strategy, decided:
>
> (1) to reiterate its appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for the continued expression of their hospitality;
>
> (2) to authorize the Director-General to proceed with the construction of two security buildings and a new facility for housing equipment for the district heating and cooling system at WHO headquarters in Geneva on the basis that the costs of both projects do not exceed the previously approved budget of the Geneva buildings renovation strategy;
>
> (3) to reiterate that if the likely total cost of the Geneva buildings renovation were to increase by more than 10% of the previously approved budget, further authority would be sought from the Health Assembly;
>
> (4) to request the Director-General to continue to report at least every two years to the Executive Board and the Health Assembly on progress made with the Geneva buildings renovation strategy and related construction costs until completion of the project.

(Third meeting, 4 February 2020)

EB146(4) Membership of the Independent Expert Oversight Advisory Committee

The Executive Board noted the reports on membership of the Independent Expert Oversight Advisory Committee,[3] and appointed the following two new members of the Committee for a four-year non-renewable term of office, in accordance with resolution EB125.R1 (2009), starting on 1 May 2020: Ms Vanessa Huang (Malaysia) and Mr Bert Keuppens (Belgium).

(Fourth meeting, 4 February 2020)

EB146(5) Participation in the Programme, Budget and Administration Committee of the Executive Board[1]

The Executive Board, having considered the report on participation in the Programme, Budget and Administration Committee,[4] decided:

> (1) to amend the terms of reference of the Programme, Budget and Administration Committee, with effect from the closure of the Board's 146th session;[5]

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/41.

[3] EB146/42 and EB146/42 Add.1

[4] Document EB146/43.

[5] See Annex 4.

(2) that additional observers may be added to the list provided in paragraph 1 bis of the terms of reference of the Programme, Budget and Administration Committee, as amended, if so decided by the Board;

(3) to request that the Director-General report to Executive Board at its 150th session on the implementation of this decision.

(Fourth meeting, 4 February 2020)

EB146(6) Meningitis prevention and control[1]

The Executive Board, having considered the progress report on the global vaccine action plan,[2] including the section on defeating meningitis by 2030; and noting that the global fight against meningitis is a powerful lever to drive progress to achieve universal health coverage through the strengthening of immunization programmes and primary health care services and systems, and the improvement of infectious disease control, global health security and access to disability support, decided:

(1) to request the Director-General to finalize, in consultation with Member States and other relevant stakeholders, the development of a draft global strategy to defeat meningitis by 2030 to be submitted for consideration by the Seventy-third World Health Assembly;

(2) to take note of ongoing discussions on the draft resolution, contained in the Annex to this decision, and to encourage Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

ANNEX

MENINGITIS PREVENTION AND CONTROL

DRAFT RESOLUTION

The Executive Board,

Having considered the report on the global vaccine action plan,[2]

RECOMMENDS to the Seventy-third World Health Assembly, the adoption of the following resolution:

The Seventy-third World Health Assembly,

(PP1) Recalling resolutions: WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss, which urges Member States to ensure the highest possible vaccination coverage against several diseases, including meningitis; WHA70.14 (2017) on strengthening immunization to achieve the goals of the global vaccine action plan; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023; and in accordance with national priorities;

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/8.

(PP2) Recognizing the reports by the Director-General on WHO's Thirteenth General Programme of Work,[1] and the global vaccine action plan;[1] and recognizing the draft strategy on defeating meningitis by 2030;[2]

(PP3) Recalling that meningitis is a threat in all countries of the world that presents a major challenge for health systems, which can be dramatically disrupted in the case of epidemics, and for the economy and society;[2,3]

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and mortality for which it can be responsible, meningitis has a heavy social and economic cost, especially due to the loss of productivity it causes among affected individuals and their families, and the very high costs of providing care and support to those who are living with lifelong sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis require a coordinated and multidisciplinary approach that includes: enhanced access to affordable vaccines, effective prophylactic measures and timely detection and response to epidemics; access to appropriate health care, early diagnosis and effective case management; strengthened surveillance and laboratory capacity for all main causes of bacterial meningitis and their sequelae; effective systems for timely identification and management of sequelae; access to appropriate support and care services for affected people and families; increased public and political awareness with regard to the impact of the disease and its potential to result in disability; improved health-seeking behaviour and access to control measures; and strengthened community involvement, including action on the social determinants of health;

(PP6) Acknowledging also that efforts to further prevent meningitis will also help in reducing the burden of other conditions and diseases due to meningitis-causing pathogens, such as sepsis and pneumonia;

(PP7) Further acknowledging that meningitis control is both a matter of emergency response in the case of outbreaks, and a matter of global development where the disease is endemic;

(PP8) Affirming that progress towards the 2030 Agenda for Sustainable Development – including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – would reduce the prevalence and spread of meningitis;

(PP9) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP10) Acknowledging that meningitis, as a disease of epidemic potential, has to be recognized in itself and reported, within national surveillance systems, as not doing so hampers effective control measures,

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[1] Document A71/4.

[2] Defeating meningitis by 2030: a global roadmap (https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf?ua=1, accessed 3 February 2020).

[3] Defeating meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf?ua=1, accessed 5 February 2020).

1. (OP)1. URGES Member States:[1]

(1) to foster the identification of meningitis as a State priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader control initiatives, or within national health, health security, development and Sustainable Development Goal implementation plans, where relevant, and national immunization, emergency and rehabilitation programmes;

(2) to develop and implement a multidisciplinary package of selected effective prevention and control measures, including access to vaccines, prophylactic measures, targeted control interventions, appropriate health care and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;

(3) to develop and strengthen services aiming to reduce the burden of sequelae for individuals who have experienced meningitis and are living with disability, in partnership with other groups involved in care for disabled persons;

(4) to ensure that national policies and plans regarding the prevention and management of meningitis cover all areas with high risk of meningitis transmission;

(5) to establish national multidisciplinary meningitis prevention and surveillance mechanisms to coordinate the implementation of the control plan, ensuring representation of the different ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;

(6) in order to reduce the public health, social and economic impact, to strengthen capacity for: preparedness, in compliance with the International Health Regulations (2005); early detection and treatment; laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;

(7) to strengthen surveillance and early reporting of meningitis in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including in respect of information on critical determinants and sequelae;

(8) to strengthen community engagement and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;

(9) to support, including through international cooperation, research in support of better prevention and control, including research for: improved vaccines and vaccination strategies; better early diagnostics and treatment, and identification and management of sequelae; and monitoring antimicrobial resistance;

(10) to refrain from implementing health measures that are more restrictive of international traffic, which would not improve, or would limit, access to medicines and other medical products used for treating meningitis in people of different ages, and that are more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

[1] And, where applicable, regional economic integration organizations.

(11) to establish national targets, when applicable, and make financial and political commitments to meningitis control within national implementation plans for the Sustainable Development Goals;

(12) to consider the implementation of the points above in the light of the overall context and the objective of health system strengthening, in particular in respect of primary health care services and access to health for all;

2. (OP)2. REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of meningitis in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Defeating Meningitis by 2030 Technical Taskforce and the WHO Strategy Support Group, secretariat and working groups, including by providing technical support and operational guidance to countries for meningitis prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative "Defeating Meningitis by 2030: A Global Roadmap" and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;

(3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement within existing technical resources;

(4) to continue leading the management of the vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational), including providing support to gradually transition from polysaccharide to affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and Gavi, the Vaccine Alliance;

(5) to monitor and support long-term meningitis prevention and control programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research and evaluation agenda for meningitis, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and rehabilitation; and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;

(7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;

(8) to submit a report to the Executive Board at its 148th session, and to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, reviewing the global meningitis situation and evaluating efforts made in meningitis prevention and control.

(Sixth meeting, 5 February 2020)

EB146(7) Strengthening global immunization efforts to leave no-one behind[1]

The Executive Board, having considered the report on the global vaccine action plan,[2] recognizing the contributions of the global vaccine action plan (2011–2020) towards efforts to achieve a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases; noting with concern that many of the targets of the global vaccine action plan will not be met by the end of 2020; and underscoring the urgent need to develop a new global vision and strategy for vaccines and immunization in order to accelerate progress and ensure a smooth transition away from the global vaccine action plan, building on its success and lessons learned, decided to request the Director-General:

(1) to finalize, in consultation with Member States and relevant stakeholders, a draft immunization vision and strategy ("Immunization Agenda 2030") for consideration by the Seventy-third World Health Assembly, in order to maintain the momentum and sustain the gains in respect of vaccines and immunization;

(2) to take note of ongoing discussions on the draft resolution, contained in the Annex to this decision;

(3) to encourage Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

ANNEX

DRAFT RESOLUTION PROPOSED BY ESWATINI, ETHIOPIA AND UNITED STATES OF AMERICA

STRENGTHENING GLOBAL IMMUNIZATION EFFORTS TO LEAVE NO ONE BEHIND

The Seventy-third World Health Assembly,

Having considered the report on the global vaccine action plan,[2]

Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the global vaccine action plan (2011–2020); resolution WHA67.23 (2014) on health intervention and technology assessment and WHA70.14 (2017) on strengthening immunization; and the global vision of defeating meningitis by 2030;

Recognizing the important contribution of vaccines and immunization to achieve the Sustainable Development Goals and that immunization contributes directly or indirectly to 14 of the 17 Goals;

Recalling the Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world," and its commitment to improve routine immunization and vaccination capacities as a fundamental contribution to universal health coverage;

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/8.

Recalling the Global Vaccination Summit jointly organized by the European Commission and the WHO (2019), which identified 10 Actions Towards Vaccination for All, and set out priority areas for future collaboration;

Appreciating the contribution of the global vaccine action plan in galvanizing global immunization efforts to allow individuals to live free from vaccine-preventable diseases;

Noting with concern that despite the progress made during the past decade, 8 of the 9 goals of the global vaccine action plan will not be achieved by 2020, which underscores the need and urgency to set a new global vision and strategy for vaccines and immunization for the next decade, to accelerate progress and ensure a smooth transition away from global vaccine action plan, reflecting lessons learned;

Recognizing that although the introduction of new vaccines has contributed to reducing morbidity and/or mortality from vaccine-preventable diseases, significant barriers to timely and equitable access to vaccines remain, with significant variations of vaccine coverage and equity both between countries and within countries, including at the subnational level, and with an unacceptably slow pace of progress towards increasing equitable access to life-saving vaccines, ending cholera, and eliminating measles, rubella, and maternal and neonatal tetanus;

Recognizing also the increase in vaccine-preventable disease outbreaks occurring globally, which are stark reminders of backsliding in progress to reduce vaccine preventable disease burden and impact;

Recognizing the role that misinformation and uncertainty play in reducing public trust and confidence in vaccines, despite their proven safety and effectiveness in promoting individual, family and community health;

Noting with particular concern that, although Member States in all six WHO regions have measles elimination goals, and that four regions have rubella elimination goals, measles is undergoing an alarming resurgence with significant outbreaks in all six regions, creating an urgent need for additional efforts in order to reach measles and rubella elimination, through the primary strategy of strengthening routine immunization but also by considering control measures based on the local/regional epidemiology;

Recognizing the significant progress achieved towards polio eradication, but also noting continuing concerns with the persistence of wild-type polio, the rising number of vaccine-derived polio outbreaks, and reiterating the need for strong cross-border cooperation and implementation of necessary requirements concerning vaccination for travellers in accordance with the International Health Regulations (2005), and the need to integrate core polio functions, human resources, and infrastructure into national immunization programmes and health systems as polio eradication goals are met;

Recognizing also that community engagement and integrated, people-centred essential immunization programmes, as a part of a strong health system, are the cornerstones of primary health care and core to achieving immunization goals and targets;

Further recognizing the need for increased investment in research and development and innovation, including to improve timely and expanded access to vaccines of assured quality and diversification of manufacturing sources, including for vaccines such as against malaria that affect specific areas or communities of the world, and for new forms of delivery and service approaches to enhance coverage, equity and efficiency of immunization programmes while meeting the global demand;

Welcoming efforts to promote national and global forecasting, planning and procurement capacities, including through pooled procurement, and recognizing the importance of more accurate

vaccine demand and supply forecasting, regular monitoring of vaccine stock levels, measures to assure and maintain supply security, and timely decisions on procurement to address recurrent vaccine shortages and stockouts in the short term,

1. WELCOMES the new global vision and strategy for vaccines and immunization "Immunization Agenda 2030", recognizing the critical role of vaccines and immunization as a part of primary health care, to achieve universal health coverage and the Sustainable Development Goals, and notes that IA2030 provides the policy and technical framework for vaccines and immunization at the global, regional, and country levels, and looks forward to the operational elements of Immunization Agenda 2030, including its Monitoring and Evaluation Framework, governance mechanism, and operational plans at the regional level;

2. CALLS FOR enhanced cooperation at the global, regional and country levels to strengthen the capacities of countries to integrate their immunization programmes into primary health care and to achieve and sustain the goals of the Immunization Agenda 2030, including efforts to expand equitable access to quality, safe, effective and affordable vaccines and to increase community demand and acceptance for vaccines, and to combat misinformation and promote vaccine confidence;

3. URGES Member States:[1]

(1) to demonstrate stronger leadership and governance of national immunization programmes as a component of strong health systems and towards achieving universal health coverage;

(2) to identify the root causes of low coverage and address inequities, and pockets of susceptible individuals by strengthening routine immunization programmes, vaccine preventable disease surveillance, data systems, and capacity to prepare for, swiftly detect, and respond to outbreaks, while building on the linkages between strong routine immunization programmes and outbreak preparedness and response capacities to decrease the risk of disease outbreaks and strengthen routine immunization recovery post-outbreak as a part of primary health care;

(3) to invest in national and international public awareness efforts to communicate accurate information on the safety, effectiveness, and public health benefits of vaccines, to work with media, including social media, individuals, parents, families and communities to combat misinformation regarding vaccines and vaccine preventable diseases, and by training health workers as part of a comprehensive communications strategy regarding community questions or concerns and engaging individuals, parents, families, communities to build and sustain trust in life-saving vaccines;

(4) to improve community immunization rates thereby protecting vulnerable populations, such as children and immunocompromised individuals at high risk for communicable diseases;

(5) to sustain and redouble efforts to achieve or maintain national measles and rubella elimination targets with the aim of supporting regional elimination goals through the strengthening of routine immunization systems and a range of tailored supplementary immunization activities that will reach the unreached and that also help to strengthen the overall routine immunization system;

(6) to strengthen comprehensive vaccine-preventable disease surveillance, including case-based surveillance and laboratory confirmation capacities, by prioritizing disease detection and

[1] And, where applicable, regional economic integration organizations.

notification systems, data analysis and reporting systems to strengthen immunization policies and programmes;

(7) to collect, monitor and use timely and accurate data on immunization coverage and outbreaks to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;

(8) to mobilize adequate financing of immunization programmes, including allocation of adequate financial and human resources where appropriate and to sustain the immunization gains achieved, including through technical partners and funding agencies, such as: the Global Polio Eradication Initiative; Gavi, the Vaccine Alliance; WHO and UNICEF; the World Bank; academia; nongovernmental partners; and, in the Americas, through the PAHO Revolving Fund, as appropriate;

(9) to strengthen national processes and advisory bodies for independent, evidence-based, transparent advice and decision-making, both during and outside times of national, regional or global outbreaks, including on vaccine safety and effectiveness, such as health interventions and technology assessments and/or National Immunization Technical Advisory Groups working in collaboration with national regulatory authorities;

(10) to expand, where appropriate, immunization services beyond infancy to include the whole life course, guided by evidence on the burden of disease, the value of vaccines, vaccines' impact on reducing morbidity and mortality throughout the life course, and system capacities, using the most appropriate and effective means of reaching all age groups and high-risk populations with immunization and integrated health services with special emphasis on "zero-dose" children in order to reduce the burden of disease as much as possible with available resources;

(11) to promote incentives and to create an enabling environment to increase investment in public and private research and development collaborations aimed at diversifying and strengthening the pipeline, improving and increasing vaccine production capacity, and developing new products, services and practices, including for emerging infectious diseases;

(12) to continue to strengthen international cooperation and vaccine supply, including by enhancing and expanding sustainable national and regional manufacturing capacity for affordable vaccines and technologies;

4. INVITES global, regional, and national partners, and other relevant stakeholders:

(1) to continue to support Member States to achieve regional and global vaccination goals and in the development and implementation of national immunization plans, including through contributions to Gavi and other health and development partners;

(2) to increase efforts for multistakeholder and cross-sector coordination toward improved vaccine and immunization programme impact, aiming to avoid duplication and gaps, while leveraging resources more effectively;

(3) to increase efforts and enhance multistakeholder collaboration to develop and apply tools to strengthen immunization, including through coordinated, responsible, sustainable and innovative approaches to research and development, including but not limited to quality, safe, effective and affordable vaccines, and to accelerate innovation to address key programmatic challenges on immunization delivery and services to optimize impact, recognizing the important contribution of the Coalition for Epidemic Preparedness Innovations (CEPI) in this regard;

(4) to consider immunization priorities in funding and programmatic decisions, including innovative ways to mainstream immunization-relevant activities into existing international development financing;

(5) to ensure that robust response plans are in place to tackle misinformation and build community trust, as well as to support social media platforms and actors in addressing incorrect information about vaccination risks that may increase vaccination hesitancy;

5. REQUESTS the Director-General:

(1) to support countries to achieve the goals and strategic priorities outlined in the Immunization Agenda 2030, taking stock of lessons learned from the global vaccine action plan;

(2) to advocate in national, regional and international forums for the need to implement the Immunization Agenda 2030 at regional and country levels, to achieve its goals to accelerate progress on and impact of the global immunization programme;

(3) to support Member States in their efforts to rebuild and sustain trust and confidence in vaccines and immunization services through national communication and education strategies, campaigns to combat misinformation about vaccines, training health workers on communication, providing high-quality integrated services, enhancing education on vaccines and vaccine-preventable diseases to individuals, parents, families, communities, and community influencers to galvanize the public and build trust regarding the value of vaccines including vaccine safety;

(4) to promote and technically support improved surveillance and disease detection notification systems and fully implement accountability mechanisms to monitor global and regional vaccine action plans;

(5) to support Member States to sustain and redouble efforts to achieve national targets on measles and rubella elimination, and to work to ensure that global and regional strategies on these diseases are updated to enable the most effective response at country level, while strengthening routine immunization systems and educating individuals, parents, families and communities on disease detection, notification and reporting;

(6) to strengthen collaboration with all key health and development partners, including civil society organizations and the private sector so that their work better complements national essential immunization and emergency preparedness, detection and response efforts;

(7) to support Member States, where appropriate, in strengthening and promoting innovation through the research and development of vaccines against new and re-emerging pathogens, facilitating linkages with other key research and development stakeholders, as well as continuing to provide technical assistance, including for outbreak response; to address key programmatic challenges, and to continue to promote and facilitate the development of new vaccines delivery and service formats that will make vaccines safer and more accessible;

(8) to continue working with research and development stakeholders to support, especially in developing countries, supply chain innovations and vaccine-administration technologies, to increase the efficiency of vaccine delivery, as appropriate;

(9) to continue to strengthen the WHO prequalification programme and to provide technical assistance to developing countries, working closely with national regulatory authorities, in capacity building for research and development, expanding capacity to produce quality-assured

vaccines, and other upstream to downstream vaccine and diagnostic development and manufacturing strategies that foster competition for a healthy, secure vaccine market;

(10) to cooperate with international organizations, in accordance with their respective mandates, health and development partners, vaccine manufacturers and national governments to overcome barriers to timely and equitable access to affordable vaccines of assured quality for all, and to implement effective preventive measures for the protection of health workers, including in public health emergencies and in the context of humanitarian crises;

(11) to report to the Seventy-fourth World Health Assembly, through the Executive Board, on implementation of the Immunization Agenda 2030, including the development of regional operational plans, an IA2030 governance mechanism and the Monitoring and Evaluation framework;

(12) to continue to monitor progress annually and to report, through the Executive Board, as a substantive agenda item to the Seventy-fifth World Health Assembly on the achievements made towards the global goals of the Immunization Agenda 2030.

(Sixth meeting, 5 February2020)

EB146(8) Epilepsy[1]

The Executive Board, having considered the report on epilepsy,[2] and noting the highly treatable nature of epilepsy, for which urgent action is needed; the many outstanding gaps in the prevention and treatment of the condition; its frequent occurrence as a comorbidity of neurological disorders; and the potential for scaling up implementation of synergistic, proven cost-effective measures to reduce the burden of epilepsy and other neurological disorders, decided:

(1) to note the global report, *Epilepsy: a public health imperative*,[3] published in 2019;

(2) to encourage Member States to discuss a possible draft resolution on further action on epilepsy and other neurological disorders for consideration by the Seventy-third World Health Assembly;

(3) to request the Director-General:

(a) to expand the scope of the report to be submitted for consideration by the Seventy-third World Health Assembly, by adding a new section entitled “Synergies in addressing the burden of epilepsy and other neurological disorders;”

(b) to develop technical guidance on strengthening country actions against epilepsy and its comorbidities, and make this available on WHO’s website.

(Ninth meeting, 6 February 2020)

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/12.

[3] Epilepsy: a public health imperative. Geneva: World Health Organization; 2019 (https://www.who.int/mental_health/neurology/epilepsy/report_2019/en/, accessed 4 February 2020).

EB146(9) Neglected tropical diseases[1]

The Executive Board, having considered the report on neglected tropical diseases,[2] and recalling resolution WHA66.12 (2013) on neglected tropical diseases, and WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases (2012–2020), and Member States' commitment to target 3.3 of Sustainable Development Goal 3, decided to request the Director-General to develop, in consultation with Member States and in collaboration with relevant stakeholders, the road map for neglected tropical diseases 2021–2030, aligning it with Sustainable Development Goal targets for 2030, in order to maintain the momentum and sustain the gains achieved in addressing neglected tropical diseases, as well as applying lessons learned from implementing the road map for 2012–2020, and to submit it for consideration by the Seventy-third World Health Assembly.

(Tenth meeting, 6 February 2020)

EB146(10) Global strategy and plan of action on public health, innovation and intellectual property[1]

The Executive Board, having considered the report by the Director-General on progress in implementation of decision WHA71(9) (2018),[3] decided:

(1) to reiterate to the Director-General the necessity of presenting an implementation plan consistent with the global strategy and plan of action on public health, innovation and intellectual property in conformity with paragraph 3 of decision WHA71(9); and

(2) to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

> The Seventy-third World Health Assembly, having considered the report by the Director-General on progress and implementation of decision WHA71(9), decided:
>
> (1) to urge Member States to reinforce the implementation, as appropriate and taking into account national contexts, of the recommendations of the review panel that are addressed to Member States and consistent with the global strategy and plan of action on public health, innovation and intellectual property;
>
> (2) to reiterate the necessity for Member States to further discuss, in informal consultations to be convened by the Director-General in 2020, the recommendations of the review panel referred to in paragraph 2 of decision WHA71(9);
>
> (3) to call on Member States to further discuss, in informal consultations to be convened by the Director-General in 2020, the recommendations of the review panel on promoting and monitoring transparency of medicines prices and actions to prevent shortages;
>
> (4) to reiterate to the Director-General the necessity to allocate the necessary resources to implement the recommendations of the review panel addressed to the WHO Secretariat as prioritized by the review panel, consistent with the global

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/14.

[3] Document EB146/15.

strategy and plan of action on public health, innovation and intellectual property in conformity with paragraph 3 of decision WHA71(9); and

(5) to further request the Director-General to submit a report on progress made in implementing this decision, including the results of the consultations referred to in paragraphs 2 and 3, to the Seventy-fourth World Health Assembly in 2021, through the Executive Board at its 148th session, as a substantive agenda item.

(Tenth meeting, 6 February 2020)

EB146(11) Polio eradication[1]

The Executive Board, having considered the report on poliomyelitis: polio eradication;[2] noting with great concern the evolving public health emergency associated with the increase in new emergences due to circulating vaccine-derived poliovirus type 2, particularly in parts of Africa; and noting the development of the draft Strategy for Control of cVDPV2 2019–2021, an addendum to the Polio Endgame Strategy 2019–2023,[3] to more effectively address the evolving circulating vaccine-derived poliovirus type 2 epidemiology, decided:

(1) to request the Director-General to: (a) continue to ensure adequate and uninterrupted supply of oral polio vaccine type 2 to respond to such outbreaks, in line with existing mandates; (b) accelerate the assessment and roll-out of a novel oral polio vaccine type 2 including through the WHO Emergency Use Listing procedure; and (c) initiate a transparent and evidence-based process for prioritizing the equitable allocation of limited supplies of novel oral polio vaccine type 2;

(2) to urge Member States to: (a) implement an expedited process for national approval of the importation and use of vaccines to respond to polio outbreaks, including novel oral polio vaccine type 2 on the basis of its emergency use listing which includes careful and rigorous analysis of available quality, safety and efficacy data; and (b) mobilize domestic financial resources to complement international financial and political commitments.

(Eleventh meeting, 7 February 2020)

EB146(12) Date and place of the 147th session of the Executive Board

The Executive Board decided that its 147th session should be convened on 22 May 2020, at WHO headquarters, Geneva.

(Twelfth meeting, 7 February 2020)

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/21.

[3] Available at http://polioeradication.org/wp-content/uploads/2016/07/GPEI-cVDPV2-DRAFT-Outbreak-Strategy-20191218-1.pdf (accessed 22 January 2020).

EB146(13) Decade of Healthy Ageing[1]

The Executive Board, having considered the report on the proposal for a Decade of Healthy Ageing 2020–2030,[2] decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

> The Seventy-third World Health Assembly, having considered the report on the proposal for a Decade of Healthy Ageing 2020–2030, decided:
>
> (1) to endorse the proposal for a Decade of Healthy Ageing 2020–2030;
>
> (2) to request the Director-General:
>
> (a) to report back on progress in the implementation of the Decade of Healthy Ageing 2020–2030 to the Seventy-sixth World Health Assembly, the Seventy-ninth World Health Assembly and the Eighty-second World Health Assembly;
>
> (b) to transmit this decision to the Secretary-General of the United Nations for the consideration of the proposal for a Decade of Healthy Ageing 2020–2030 by the United Nations General Assembly, as appropriate.

(Twelfth meeting, 7 February 2020)

EB146(14) Accelerating action to reduce the harmful use of alcohol[1]

The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,[3] particularly Annex 3, entitled "Implementation of the global strategy to reduce the harmful use of alcohol," and the report on the findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward;[4] noting with grave concern that, globally, the harmful use of alcohol causes approximately 3 million deaths every year; and that, despite the reduction of age-standardized alcohol-attributable deaths and disability-adjusted life years and of heavy episodic drinking, the overall burden of disease and injuries attributable to alcohol consumption remains unacceptably high; and emphasizing that there is sufficient evidence for the carcinogenicity of alcohol and a causal contribution of the use of alcohol to the development of several types of cancers in humans;[5] recognizing the continued relevance of the global strategy to reduce the harmful use of alcohol and further recognizing that resources and capacities for its implementation in the WHO Secretariat and some Member States do not correspond to the magnitude of the problems; expressing deep concern that alcohol marketing, advertising and promotional activity, including through cross-border marketing, targeting youth and adolescents, influences their drinking initiation and intensity of drinking;[5] noting that some WHO offices do not offer alcohol as a practice to accelerate action to reduce the harmful use of alcohol, decided to request the Director-General:

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/23.

[3] Document EB146/7.

[4] Document EB146/7 Add.1.

[5] Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1, accessed 7 February 2020).

(1) to develop an action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session in 2022;

(2) to develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the Executive Board, which could contribute to the development of the action plan;

(3) to adequately resource the work on the harmful use of alcohol;

(4) to review the global strategy to reduce the harmful use of alcohol and report to the Executive Board at its 166th session in 2030 for further action.

(Twelfth meeting, 7 February 2020)

EB146(15) Data and innovation: draft global strategy on digital health[1]

The Executive Board, having considered the report on the draft global strategy on digital health,[2] decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the draft global strategy on digital health, decided:

(1) to endorse the global strategy on digital health;

(2) to request the Director-General to report back on progress in the implementation of the global strategy on digital health to the Seventy-sixth World Health Assembly in 2023.

(Thirteenth meeting, 7 February 2020)

EB146(16) Travel and other entitlements of the Chair of the Executive Board and other Board members

The Executive Board, having considered the proposal of the Chair of the Executive Board,[3] decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third Health Assembly, having considered the report by the Secretariat on travel entitlements of the Chair of the Executive Board, and recalling resolutions WHA30.10 (1977) and WHA55.22 (2002), decided:

(1) that, with effect from 1 July 2020, the maximum reimbursement of travel expenses of the Chair of the Executive Board shall be based on the travel entitlements for the WHO Director-General;

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/26.

[3] See the summary records of the Executive Board at its 146th session, thirteenth meeting.

(2) to request the Director-General to prepare a report on the entitlements of members of the Executive Board, for consideration by the Executive Board at its 147th session.

(Thirteenth meeting, 7 February 2020)

EB146(17) WHO reform: written statements – guidelines for Member States[1]

The Executive Board, having considered the report on WHO reform,[2] decided:

(1) that the guidelines contained in the report on WHO reform, as amended,[3] will be applied on a trial basis from the closure of the 146th session of the Executive Board until the closure of the 149th session of the Executive Board;

(2) to request the Director-General to report on the use of the guidelines to the Executive Board at its 149th session.

(Thirteenth meeting, 7 February 2020)

EB146(18) Primary health care[1]

The Executive Board, recalling resolution WHA72.2 (2019) on primary health care, which welcomed the Declaration of Astana and requested the Director-General, inter alia, to develop, in consultation with Member States, an operational framework for primary health care for consideration by the Seventy-third World Health Assembly; recalling also the United Nations General Assembly resolutions 74/2 (2019) and 74/20 (2019); and taking note of the report by the Director-General,[4] decided:

(1) to emphasize the importance of strengthening health systems in order for primary health care to provide comprehensive, quality, accessible and affordable first-level health services, which are fundamental to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) in particular, target 3.8 on achieving universal health coverage, and other health-related Sustainable Development Goals;

(2) to request the Director-General:

(a) to support Member States in strengthening primary health care, with an emphasis on national implementation efforts, drawing on expertise from across the Organization as needed;

(b) to finalize, in consultation with Member States, for consideration by the Seventy-third World Health Assembly, an operational framework on strengthening primary health care, taking into account WHO's health system model and its six building blocks, and taking into account, as appropriate, the WHO–UNICEF document, *A vision for primary*

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/31.

[3] See Annex 5.

[4] Document EB146/5.

health care in the 21st century: towards universal health coverage and the Sustainable Development Goals.[1]

(Fourteenth meeting, 8 February 2020)

EB146(19) Influenza preparedness[2]

The Executive Board, having considered the report by the Director-General on influenza preparedness,[3] decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report by the Director-General on influenza preparedness, decided:

(1) to note the release of WHO's Global Influenza Strategy 2019–2030, and its linkages to the implementation of the International Health Regulations (2005) and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits;

(2) to request the Director-General:

(a) to support Member States, upon their request, to develop or update national influenza preparedness plans, and to consider implementing an annual influenza vaccination programme for target populations, taking into account, as relevant and appropriate to national circumstances, the goals and strategic objectives of WHO's Global Influenza Strategy 2019–2030;

(b) to promote timely access to, and distribution of, quality, safe, effective and affordable seasonal influenza vaccines, diagnostics, and treatments;

(c) to continue to engage Member States and all relevant stakeholders to promote and uphold the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, and to encourage international collaboration for the rapid, systematic, and timely sharing of influenza viruses with human pandemic potential, and equitable and timely access to quality, safe, effective and affordable pandemic influenza vaccines, diagnostics and therapeutics, and other benefits, on an equal footing;

(d) to prioritize and contribute to international efforts to sustain and enhance influenza surveillance through WHO's Global Influenza Surveillance and Response System (GISRS), by continuing to work with Member States, GISRS laboratories, and other relevant stakeholders, to:

(i) gather and share information, voluntarily provided, about influenza virus-sharing and its associated benefits; and

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[1] WHO and UNICEF. A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/handle/10665/328065, accessed 3 February 2020).

[2] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[3] Document EB146/18.

(ii) encourage countries to voluntarily share information and best practices on mitigating hinderances to the rapid, systematic, and timely international sharing of seasonal and pandemic influenza biological materials and its associated benefits;

(e) to promote synergies, as relevant and appropriate, between and among, efforts to implement: national plans for influenza preparedness and response; the International Health Regulations (2005); and immunization programmes;

(f) to consult Member States and relevant stakeholders, including manufacturers, in a manner consistent with WHO's Framework of Engagement with Non-State Actors, to identify gaps in, and priorities for, affordable, scalable, and sustainable global influenza vaccine production capacity, supply chains, and distribution networks;

(g) to report on implementation of this decision through the Executive Board at its 150th session to the Seventy-fifth World Health Assembly.

(Fourteenth meeting, 8 February 2020)

EB146(20) Maternal, infant and young child nutrition[1]

The Executive Board, having considered the report by the Director-General on maternal, infant and young child nutrition,[2] decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, recalling the mandates given in resolutions and decisions on: the International Code of Marketing Breastmilk Substitutes (WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) and WHA63.23 (2010)); the WHO/UNICEF Global Strategy for infant and young child feeding (WHA55.25 (2002)); the WHO Global Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (WHA65.6 (2012)); maternal, infant and young child nutrition: development of the core set of indicators (WHA68(14)); ending inappropriate promotion of foods for infants and young children (WHA69.9 (2016) and WHA71.9 (2018)); and ending childhood obesity (WHA69(12) (2016) and WHA70(19) (2017)), decided to request the Director-General:

(1) to streamline future reporting requirements on maternal, infant and young child nutrition, through biennial reports to the Health Assembly, through the Executive Board, until 2026 (to be issued in 2022, 2024 and 2026, respectively);

(2) [to collect data and prepare a comprehensive report to understand the scope and impact of digital marketing strategies for the promotion of breast-milk substitutes and develop guidance to assist Member States to address any promotion of breast-milk substitutes that may not be in accordance with the International Code of marketing of Breastmilk substitutes and subsequent relevant World Health Assembly resolutions.]

(Fourteenth meeting, 8 February 2020)

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/24.

EB146(21) WHO reform: governance[1]

The Executive Board, having considered the report by the Director-General on WHO reform,[2] decided:

(1) to request the Director-General:

(a) with respect to each resolution and decision that is six or more years old and has an unspecified reporting requirement:

(i) to outline any related reporting requirements that might be considered as having superseded the original one(s); to provide an indication of when any reporting to the governing bodies has taken place in response to the relevant mandate; and to describe any ongoing work related to the subject matter of the resolution or decision;

(ii) to provide criteria for proposing exceptions to the six-year limitation on reporting;[3]

(iii) applying the criteria mentioned in paragraph (1)(a)(ii), to provide a list of resolutions and decisions in which the reporting requirements are recommended for sunsetting;

(b) with respect to each resolution and decision that is less than six years old and has an unspecified reporting requirement:

(i) to outline any related reporting requirements that might be considered as having superseded the original one(s); to provide an indication of when any reporting to the governing bodies has taken place in response to the relevant mandate; and to describe any ongoing work related to the subject matter of the resolution or decision;

(ii) applying the criteria mentioned in paragraph (1)(a)(ii), to provide a recommendation with respect to the reporting cycle;

(c) with regard to reporting requirements on similar subjects, to make recommendations on the consolidation and streamlining of reporting requirements in the context of the sunsetting exercise;

(d) to present the recommendations mentioned in paragraphs (a) to (c) at an informal consultation of Member States and submit a final list of recommendations for consideration by the Executive Board at its 148th session;

(2) to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report by the Director-General on WHO reform, decided:

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[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/32.

[3] Criteria could include reporting requirements in resolutions and decisions related to ongoing efforts for the eradication of diseases, such as poliomyelitis and dracunculiasis.

(1) that comments and inputs on global strategies, policies and legal instruments such as conventions, regulations and codes, made in line with decision WHA65(9) (2012) on WHO reform, may be understood to include those provided by Member States in the context of technical meetings, informal consultations and other intergovernmental meetings in the regions;

(2) to request that the Director-General systematically include as substantive items on the agendas of meetings of the WHO governing bodies any global strategies or action plans that are scheduled to expire within one year in order to allow Member States to consider whether global strategies or action plans have fulfilled their mandates, should be extended and/or need to be adjusted.

(Fourteenth meeting, 8 February 2020)

EB146(22) Evaluation of the election of the Director-General of the World Health Organization[1]

The Executive Board, having considered the report of the Chairperson of the informal consultations on the evaluation of the election of the Director-General of the World Health Organization,[2] decided:

(1) to recommend to the Seventy-third World Health Assembly that it decide:

(a) to continue conducting the appointment of the Director-General by means of a paper-based secret ballot vote as currently provided for in its Rules of Procedure;

(b) that in future the beginning of the Director-General's contract be set for mid-August of the year of appointment, and that the contract of the incumbent Director-General be amended accordingly;

(2) with respect to the shortlist of candidates to be established in accordance with Rule 62 of the Rules of Procedure of the Executive Board, that the interviews of candidates shortlisted for the post of Director-General should be limited to 60 minutes, divided between: (i) an oral presentation of no more than 20 minutes on the candidate's vision for the future priorities of the Organization, with an analysis of current problems facing it and suggestions as to how those should be addressed; and (ii) a question-and-answer session of no more than 40 minutes;

(3) to amend the second paragraph of Rule 7 of the Rules of Procedure of the Executive Board;[3]

(4) to request the Director-General:

(a) to facilitate informal consultations with Member States concerning the length of the campaign period, to be held prior to the thirty-second meeting of the Programme, Budget and Administration Committee in order for the Committee to formulate recommendations to the Seventy-third World Health Assembly and the 147th session of the Executive Board, respectively, in respect of:

[1] See Annex 7 for the financial and administrative implications for the Secretariat of this decision.

[2] Document EB146/39.

[3] See Annex 6.

(i) the proposed amendments to Annexes 1 and 2 to resolution WHA66.18 (2013) on the code of conduct for the election of the Director-General of the World Health Organization and the candidates' forum, respectively, as set out in Annexes 1 and 2 to this decision;

(ii) whether, in light of consideration of subparagraph 4a (i) above, to amend Rule 62 of the Rules of Procedure of the Executive Board, as set out in Annex 3 to this decision, in order to provide opportunities for all candidates for the post of Director-General to present themselves to Member States on the margins of the sessions of the WHO regional committees prior to the year in which the election takes place;

(b) to explore, in advance of the 147th session of the Executive Board, whether there are codes of conduct applicable to the election of the executive heads of other intergovernmental organizations within the United Nations system and, if so, whether such codes are legally binding and whether they include compliance mechanisms;

(c) to research and evaluate, in advance of the 147th session of the Executive Board, options for counting votes by means of an optical scanner;

(d) to further investigate commercially available off-the-shelf cloud solutions, meeting the need for an enhanced and more interactive web forum;

(5) to continue to conduct the nomination of the Director-General by means of a paper-based secret ballot vote as currently provided for in the Rules of Procedure of the Executive Board;

(6) to retain the current practice of asking delegates to switch off their electronic devices and leave them switched off for the duration of the vote;

(7) to take appropriate steps to ensure that the organization of the election of the Director-General is conducted at arm's length from any internal candidates by establishing, within the Secretariat, a unit with operational independence.

ANNEX 1

PROPOSED AMENDMENTS TO THE CODE OF CONDUCT FOR THE ELECTION OF THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

Proposed amendments to the code of conduct for the election of the Director-General of the World Health Organization, as contained in World Health Assembly resolution WHA66.18, Annex 1, are set out below, with proposed deletions indicated in strikethrough and proposed additions in bold text.

...

B. Requirements for the different steps of the election process

...

II. Electoral campaign

...

3. All Member States and candidates should ~~consider~~ **promptly** disclos**e**~~ing~~ their campaign activities (for example, hosting of meetings, workshops and visits)**, together with the amount and source of all funding for campaign activities,** and communicate them to the Secretariat. Information so disclosed will be posted on a dedicated page of the WHO website.

...

7. Member States proposing persons for the post of Director-General should ~~consider~~ **promptly** disclos**e**~~ing~~ grants or aid funding to other Member States **during the campaign period and** the previous two years in order to ensure full transparency and mutual confidence among Member States.

...

10. Candidates, whether internal or external, should not combine their official travel with campaigning activities. Electoral promotion or propaganda under the guise of technical meetings or similar events should be avoided. **It is understood, however, that candidates for the post of Director-General on official travel may participate in the web forum, the candidates' forums and events on the margins of regional committee sessions.**

...

11. After the Director-General has dispatched all proposals, curricula vitae and supporting information to Member States in accordance with Rule 62 of the Rules of Procedure of the Executive Board, the Secretariat will open on the WHO website a password-protected forum for questions and answers, open to all Member States and candidates. ~~, who request to participate in such a forum~~ **Such a forum will not be held in case only one candidate has been proposed.** The Secretariat will also post on the WHO website information on all candidates ~~who so request~~ including their curricula vitae and other particulars of their qualifications and experience as received from Member States**, within the deadline provided in the second paragraph of Rule 62 of the Rules of Procedure of the Executive Board of the World Health Organization,** as well as their contact information. The website will also provide links to individual websites of candidates **if any and** upon request. Each candidate is responsible for setting up and financing his or her own website.

ANNEX 2

PROPOSED AMENDMENTS TO THE CANDIDATES' FORUM[1]

Proposed amendments to the candidates' forum, as contained in World Health Assembly resolution WHA66.18, Annex 2, are set out below, with proposed deletions indicated in strikethrough and proposed additions in bold text.

[1] Already showing the amendments adopted by the Executive Board at its 144th session in January 2019 through decision EB144(4).

CANDIDATES' FORUM**S AND OTHER EVENTS WITH CANDIDATES**

A. CANDIDATES' FORUMS

Convening and conduct of the forum**s**

1. **Two** ~~The~~ candidates' forum**s** will be convened by the Secretariat at the request of the Executive Board as ~~a~~ self-standing event**s: one** preceding the **session of the** Board~~,~~ **at which candidates will be nominated for the post of Director-General and one prior to the session of the Health Assembly at which the appointment will take place. Both candidates' forums** ~~and~~ will be chaired by the ~~Chairman~~ **Chair** of the Board, with the support of the Officers of the Executive Board. The Board will ~~formally convene the candidates' forum and~~ decide ~~its~~ **the** date**s of the forums** at the session preceding the session at which the nomination will take place.

Timing

2. The candidates' forum**s** shall be held not later than two months in advance of the session**s** of the Board **and the Health Assembly** ~~session~~ at which the nomination **and appointment** will take place**, respectively**.

Duration

3. The duration of the candidates' forum**s** will be decided by the Officers of the Board depending on the number of candidates. Notwithstanding the foregoing, the maximum duration of the forum**s** shall be three days **each**.

Format

4. **The first candidates' forum will consist of interviews with the candidates.** Each candidate shall make a presentation of up to ~~30~~ **10** minutes, which will be followed by a question and answer session so that the overall duration of each interview shall be 60 minutes. The order of the interviews shall be determined by lot. ~~The forum shall decide, upon the proposal of the Chairman, on detailed arrangement for the interviews.~~

4 bis. The second candidates' forum will consist of a more interactive panel discussion between the candidates and Member States and Associate Members attending the forum.

~~5. Member States and Associate Members participating in the candidates' forum will be invited to prepare questions for each candidate during the initial presentation. Questions to be asked to each candidate will be drawn by lot by the Chairman.~~

5. **Further detailed arrangements for the interviews may be decided either by the Board at its session preceding the event or by the Member States and Associate Members attending the forum upon the proposal of the Chair of the Board.**

Participation

6. Participation in the candidates' forum**s** will be limited to Member States[1] and Associate Members of the World Health Organization.

[1] And, where applicable, regional economic integration organizations.

7. ~~For those Member States or Associate Members which are not able to attend, t~~**T**he candidates' forum**s** will be broadcast by the Secretariat through a **link on the WHO website accessible to the public** ~~password-protected web site~~ .

Documentation

8. The curricula vitae of candidates and other supporting information provided in line with Rule62 of the Rules of Procedure of the Board within the deadline set out in the second paragraph thereof will be made available electronically to all Member States and Associate Members in the WHO official languages ~~versions provided on a password protected website~~.

B. OTHER EVENTS WITH CANDIDATES

9. The Secretariat will, in a format to be decided upon by the Executive Board in consultation with the relevant Regional Directors, convene (an) event(s) for all the candidates who so wish, on the margins of each regional committee session preceding the Board session at which the nomination will take place. Those events will not be held in case only one candidate has been proposed.

ANNEX 3[1]

PROPOSED AMENDMENTS TO RULE 62 OF THE RULES OF PROCEDURE OF THE EXECUTIVE BOARD OF THE WORLD HEALTH ORGANIZATION[2]

Current version	Proposed amended version
…	…
Any Member State may propose for the post of Director-General one or more persons, submitting with the proposal the curriculum vitae or other supporting information for each person. Such proposals shall be sent under confidential sealed cover to the Chair of the Executive Board, care of the World Health Organization in Geneva (Switzerland), so as to reach the headquarters of the Organization not less than four months before the date fixed for the opening of the session.	Any Member State may propose for the post of Director-General one or more persons, submitting with the proposal the curriculum vitae or other supporting information for each person. Such proposals shall be sent under confidential sealed cover to the Chair of the Executive Board, care of the World Health Organization in Geneva (Switzerland), so as to reach the headquarters of the Organization not less than ~~four~~ **six** months before the date fixed for the opening of the session.

[1] Proposed deletions are indicated in strikethrough and proposed additions in bold text.

[2] Already showing the amendments adopted by the 144th session of the Executive Board in January 2019 through decision EB144(4).

The Chair of the Board shall open the proposals received sufficiently in advance of the session so as to ensure that all proposals, curricula vitae and supporting information are translated into all official languages, duplicated and dispatched to all Member States three months before the date fixed for the opening of the session.	The Chair of the Board shall open the proposals received sufficiently in advance of the session so as to ensure that all proposals, curricula vitae and supporting information are translated into all official languages, duplicated and dispatched to all Member States ~~three~~ **five** months before the date fixed for the opening of the session.
Immediately after the dispatch to Member States of the proposals, curricula vitae and supporting information, the Director-General shall, in consultation with the Chair of the Board, convene a candidates' forum open to all Member States and Associate Members, to which all candidates will be invited to make themselves and their vision known to Member States on an equal basis. The candidates' forum shall be chaired by the Chair of the Board and shall be held not later than two months before the opening of the session. The Board shall decide on the modalities of the candidates' forum. The candidates' forum shall not be convened in case only one person has been proposed for the post of Director-General.	~~Immediately~~ **A**~~a~~fter the dispatch to Member States of the proposals, curricula vitae and supporting information, the Director-General shall, in consultation with the Chair of the Board, convene ~~a~~ **two** candidates' forum**s** open to all Member States and Associate Members, to which all candidates will be invited to make themselves and their vision known to Member States on an equal basis. The candidates' forum**s** shall be chaired by the Chair of the Board~~ and shall be held not later than two months before the opening of the session~~. **The first forum should be held not later than two months before the opening of the Board and the second one not later than two months before the opening of the Health Assembly**. The Board shall decide on the modalities of the candidates' forum**s**. The candidates' forum**s** shall not be convened in case only one person has been proposed for the post of Director-General.

(Fifteenth meeting, 8 February 2020)

EB146(23) Provisional agenda of the Seventy-third World Health Assembly

The Executive Board, having considered the report of the Director-General on the provisional agenda for the Seventy-third World Health Assembly,[1] and recalling its earlier decision that the Seventy-third World Health Assembly should be held at the Palais des Nations and the International Conference Centre in Geneva, opening on the afternoon of Sunday, 17 May 2020, and closing no later than Thursday, 21 May 2020,[2] decided to approve the provisional agenda of the Seventy-third World Health Assembly.

(Fifteenth meeting, 8 February 2020)

EB146(24) Award of the Ihsan Doğramacı Family Health Foundation Prize

The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel,[3] decided to award the Ihsan Doğramacı Family Health Foundation Prize for 2020 to Dr Errol R. Alden from the United States of America for his vision and focus on disease prevention and the promotion of child health and development. The laureate will receive US$ 20 000.

[1] Document EB146/37.

[2] Decision EB145(7) (2019).

[3] Document EB146/44, section 2.

(Fifteenth meeting, 8 February 2020)

EB146(25) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,[1] decided to award the Sasakawa Health Prize for 2020 to Geo-RIS (Sistema Geoespacial de las Redes Integradas de Salud, (Geospacial System of Integrated Health Networks)), Dirección General de Aseguramiento en Intercambio Prestacional del Ministerio de Salud of Peru. The laureate will receive US$ 30 000 for its outstanding work in health development. As Geo-RIS is a programme, and not a natural person or legal entity, the Prize will be formally presented to the Ministry of Health of Peru.

(Fifteenth meeting, 8 February 2020)

EB146(26) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel,[2] decided to award the United Arab Emirates Health Foundation Prize for 2020 to Ms Xi Jin from China for her work in women's and children's health. The laureate will receive US$ 20 000.

(Fifteenth meeting, 8 February 2020)

EB146(27) Award of the Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel,[3] decided to award the Dr LEE Jong-wook Memorial Prize for Public Health for 2020 jointly to the following two laureates, for their outstanding contributions to public health: Dr João Aprigio Guerra de Almeida from Brazil and The Sickle Cell Disease Consortium of the United Republic of Tanzania. Each laureate will receive US$ 50 000. As The Sickle Cell Disease Consortium is not a natural person or legal entity, the Prize will be formally presented to Dr Julie Makani, in her capacity as representative of The Sickle Cell Disease Consortium.

(Fifteenth meeting, 8 February 2020)

EB146(28) Award of the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel,[4] decided to award the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2020 to Professor Gunhild Waldemar from Denmark for her outstanding contribution to research in the areas of health care for the elderly and in health promotion. The laureate will receive US$ 20 000.

(Fifteenth meeting, 8 February 2020)

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[1] Document EB146/44, section 3.

[2] Document EB146/44, section 4.

[3] Document EB146/44, section 5.

[4] Document EB146/44, section 6.

EB146(29) Award of the Nelson Mandela Award for Health Promotion

The Executive Board, having considered the report of the Nelson Mandela Award Selection Panel,[1] decided to award the Nelson Mandela Award for Health Promotion for 2020 jointly to the following two laureates, for their significant contributions to health promotion: the Equi-Sastipen-Rroma Network of Spain, and Professor Dame Sally Davies from the United Kingdom of Great Britain and Northern Ireland. Each laureate will receive a plaque. As the Equi-Sastipen-Rroma Network is not a natural person or a legal entity, the Award will be formally presented to the Network's coordinating organization, the Asociación Gitana UNGA.

(Fifteenth meeting, 8 February 2020)

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[1] Document EB146/44, section 7.

ANNEXES

ANNEX 1

Confirmation of amendments to the Staff Rules[1]

[EB146/49 Rev.1 – 15 January 2020]

1. Amendments to the Staff Rules made by the Director-General are submitted for confirmation by the Executive Board in accordance with Staff Regulation 12.2.[1]

2. The amendments described in this document stem from decisions taken by the United Nations General Assembly at its seventy-fourth session,[2] on the basis of recommendations made by the International Civil Service Commission (hereinafter the "Commission") in its annual report for 2019.[3]

3. The financial implications of the amendments for the biennium 2020–2021 involve additional costs under the Programme budget 2020–2021. They are set out in the report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board, along with the financial implications beyond the biennium 2020–2021,[4] and in the paragraphs below.

4. The amendments to the Staff Rules are set out in the [Appendix] to the present document.

AMENDMENTS CONSIDERED NECESSARY IN THE LIGHT OF DECISIONS TAKEN BY THE UNITED NATIONS GENERAL ASSEMBLY AT ITS SEVENTY-FOURTH SESSION ON THE BASIS OF RECOMMENDATIONS BY THE COMMISSION

Remuneration of staff in the professional and higher categories

5. The General Assembly, based on the recommendation of the Commission, decided that the revised base/floor salary scale and the associated pay protection points for the professional and higher categories should be increased by 1.21% through the standard consolidation method of increasing the base salary and commensurately reducing post adjustment multiplier points, resulting in no change in net take-home pay, with effect from 1 January 2020.

6. Amendments to Appendix 1 of the Staff Rules have been prepared accordingly and are set out in the [Appendix] to the present document.

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[1] The Staff Regulations and Staff Rules are available at http://www.who.int/careers/what-we-offer/en/ (accessed 29 May 2020).

[2] See https://www.un.org/en/ga/ for General Assembly resolutions 74/255A and 74/255B (accessed 9 January 2020).

[3] See https://icsc.un.org/Home/Library/AnnualRep (accessed 1 November 2019).

[4] Document EB146/49 Rev.1 Add.1.

Remuneration of staff in ungraded positions and the Director-General

7. Further to the decision of the General Assembly in paragraph 5 above in respect of the Commission's recommendation, the Director-General proposes, in accordance with Staff Regulation 3.1, that the Executive Board recommend to the Seventy-third World Health Assembly modifications in the salaries of Assistant Directors-General and Regional Directors. Thus, as from 1 January 2020, the gross salary for Assistant Directors-General and Regional Directors would be US$ 182 411 per annum, with a corresponding net salary of US$ 135 891.

8. Based on the adjustments to the salaries described above, the salary modification to be authorized by the Health Assembly for the Deputy Director-General would entail, as from 1 January 2020, a gross salary of US$ 200 998 per annum, with a corresponding net salary of US$ 148 159.

9. The salary adjustments above would also affect the salary of the Director-General. The gross salary to be authorized by the Health Assembly, as from 1 January 2020, would be US$ 251 859 per annum, with a corresponding net salary of US$ 189 801.

ACTION BY THE EXECUTIVE BOARD

10. [This paragraph contained two draft resolutions, which were adopted as resolutions EB146.R4 and EB146.R5.]

Appendix

APPENDIX 1 TO THE STAFF RULES

A. SALARY SCALE FOR THE PROFESSIONAL AND HIGHER CATEGORIES SHOWING ANNUAL GROSS SALARIES AND NET EQUIVALENTS AFTER APPLICATION OF STAFF ASSESSMENT (IN UNITED STATES DOLLARS) (effective 1 January 2020)[a]

Step

Level		*I*	*II*	*III*	*IV*	*V*	*VI*	*VII*	*VIII*	*IX*	*X*	*XI*	*XII*	*XIII*
D-2	**Gross**	**145 717**	**148 886**	**152 179**	**155 542**	**158 906**	**162 270**	**165 629**	**168 992**	**172 353**	**175 714**			
	Net	111 502	113 720	115 938	118 158	120 378	122 598	124 815	127 035	129 253	131 471			
D-1	**Gross**	**130 429**	**133 211**	**135 999**	**138 784**	**141 560**	**144 347**	**147 130**	**149 910**	**152 861**	**155 811**	**158 762**	**161 711**	**164 665**
	Net	100 800	102 748	104 699	106 649	108 592	110 543	112 491	114 437	116 388	118 335	120 283	122 229	124 179
P-5	**Gross**	**112 374**	**114 743**	**117 113**	**119 477**	**121 847**	**124 213**	**126 584**	**128 950**	**131 319**	**133 684**	**136 054**	**138 419**	**140 790**
	Net	88 162	89 820	91 479	93 134	94 793	96 449	98 109	99 765	101 423	103 079	104 738	106 393	108 053
P-4	**Gross**	**92 126**	**94 232**	**96 336**	**98 441**	**100 591**	**102 876**	**105 164**	**107 449**	**109 733**	**112 016**	**114 304**	**116 584**	**118 870**
	Net	73 516	75 116	76 715	78 315	79 914	81 513	83 115	84 714	86 313	87 911	89 513	91 109	92 709
P-3	**Gross**	**75 608**	**77 557**	**79 504**	**81 450**	**83 400**	**85 346**	**87 293**	**89 245**	**91 191**	**93 138**	**95 089**	**97 037**	**98 986**
	Net	60 962	62 443	63 923	65 402	66 884	68 363	69 843	71 326	72 805	74 285	75 768	77 248	78 729
P-2	**Gross**	**58 414**	**60 157**	**61 897**	**63 639**	**65 383**	**67 128**	**68 872**	**70 609**	**72 354**	**74 095**	**75 837**	**77 582**	**79 322**
	Net	47 895	49 219	50 542	51 866	53 191	54 517	55 843	57 163	58 489	59 812	61 136	62 462	63 785
P-1	**Gross**	**45 133**	**46 487**	**47 841**	**49 195**	**50 599**	**52 079**	**53 557**	**55 037**	**56 514**	**57 995**	**59 472**	**60 950**	**62 429**
	Net	37 460	38 584	39 708	40 832	41 955	43 080	44 203	45 328	46 451	47 576	48 699	49 822	50 946

[a] The normal qualifying period for in-grade movement between consecutive steps is one year. The shaded steps in each grade require two years of qualifying service at the preceding step.

B. PAY PROTECTION POINTS FOR STAFF WHOSE SALARIES ARE HIGHER THAN THE MAXIMUM SALARIES ON THE UNIFIED SALARY SCALE (IN UNITED STATES DOLLARS) (effective 1 January 2020)

Level		*Pay protection point 1*	*Pay protection point 2*
P-4	**Gross**	**121 159**	**123 444**
	Net	94 311	95 911
P-3	**Gross**	**101 011**	**103 126**
	Net	80 208	81 688
P-2	**Gross**	**81 064**	**–**
	Net	65 109	–
P-1	**Gross**	**63 908**	**–**
	Net	52 070	–

ANNEX 2

Revised Statutes of the Nelson Mandela Award for Health Promotion[1]

[EB146/45 – 19 December 2019]]

Article 1 – Establishment

Under the title of the "Nelson Mandela Award for Health Promotion", an award is established within the framework of the World Health Organization, which shall be governed by the following provisions.

Article 2 – The Founder

The award is established upon the initiative of the Ministers of Health of Member States of the African Region.

Article 3 – Award

1. The Nelson Mandela Award for Health Promotion shall be given to a person or persons, an institution or institutions, a governmental or nongovernmental organization or organizations, who or which has/have made a significant contribution to health promotion.

2. The award aims to reward work that has extended far beyond the call of normal duties, and it is not intended as a reward for excellent performance of duties normally expected of an official occupying a government position or of a governmental or nongovernmental institution.

3. In recognition of the humility of Nelson Mandela, the award given to each laureate shall be a plaque. The award shall be given annually.

4. The award shall be presented during the Health Assembly to the laureate(s) or, in their absence, to a person(s) representing them.

Article 4 – Proposal and selection of candidates

1. Any national health administration of a Member State of the World Health Organization, or any former recipient of the award, may put forward the name of a candidate for the award. The nomination must be accompanied by a written statement of the reasons for proposing the candidate. The same candidature may be submitted several times if unsuccessful.

[1] As approved in decision EB146(1).

2. Proposals shall be submitted to the Administrator, who shall submit them to the Award Selection Panel.

3. Current and former staff members of the World Health Organization and current members of the Executive Board shall be ineligible to receive the award.

Article 5 – Award Selection Panel

1. The Nelson Mandela Award for Health Promotion Selection Panel ("the Award Selection Panel") shall consist of the Chairperson and the first Vice-Chairperson of the Executive Board, and of a member elected by the Executive Board from among its members from the African Region for a period not exceeding his or her term of office on the Executive Board. A representative of the Nelson Mandela Foundation shall be invited to attend meetings of the Award Selection Panel as an observer.

2. The presence of three members of the Award Selection Panel shall be required for the taking of decisions. The Panel shall take decisions by a majority of its members.

Article 6 – Proposal of the Award Selection Panel

The Award Selection Panel, in a private meeting, shall consider the candidates for the award, and shall propose the name(s) of the recipient(s) of the award to the Executive Board. The proposal shall be considered by the Executive Board, which shall decide who or which organization(s) the recipient(s) of the award shall be.

Article 7 – The Administrator

1. The Director-General of the World Health Organization shall be the Administrator of the award, and shall act as the Secretary of the Award Selection Panel.

2. The Administrator shall be responsible for:

(a) the execution of the decisions taken by the Award Selection Panel within the limits of its powers, as defined in these Statutes;

(b) the observance of the present Statutes and, generally, the administration of the award in accordance with the present Statutes.

Article 8 – Revision of the Statutes

On the proposal of one of its members, the Award Selection Panel may propose the revision of the present Statutes. Any such proposal, if endorsed by a majority of its members, shall be submitted to the Executive Board for approval.

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ANNEX 3

Non-State actors admitted into, or maintained in, official relations with WHO by virtue of decision EB146(2)[1]

[EB146/35 – 23 December 2019]

1. Alzheimer's Disease International*
2. American Society for Reproductive Medicine*
3. Bill & Melinda Gates Foundation*
4. Commonwealth Pharmacists Association*
5. Corporate Accountability*
6. CropLife International*
7. Drugs for Neglected Diseases initiative*
8. Family Health International*
9. Fundación Anesvad
10. Global Alliance for Improved Nutrition*
11. Global Health Council*
12. Grand Challenges Canada*
13. Handicap International Federation*
14. Health on the Net Foundation*
15. HelpAge International*
16. International Association for Child and Adolescent Psychiatry, and Allied Professions*
17. International Association for Suicide Prevention*
18. International Association for the Scientific Study of Intellectual and Developmental Disabilities*
19. International Baby Food Action Network*
20. International Bureau for Epilepsy*
21. International Commission on Occupational Health*
22. International Committee for Monitoring Assisted Reproductive Technologies*
23. International Confederation of Midwives*
24. International Council for Commonality in Blood Banking Automation Inc.*
25. International Ergonomics Association*

[1] Based on reports of collaboration for the period under review, 2020–2022, the Secretariat invited the Board to consider renewal in official relations of those non-State actors whose names are followed by an asterisk. The other non-State actors are the subject of decision EB146(2).

26. International Federation of Gynecology and Obstetrics*
27. International Federation on Ageing*
28. International Insulin Foundation*
29. International Lactation Consultant Association*
30. International League Against Epilepsy*
31. International Network of Women Against Tobacco*
32. International Pediatric Association*
33. International Physicians for the Prevention of Nuclear War*
34. International Planned Parenthood Federation*
35. International Psycho-Oncology Society*
36. International Society for Biomedical Research on Alcoholism*
37. International Society for Prosthetics and Orthotics*
38. International Society of Andrology*
39. International Spinal Cord Society*
40. International Union for Health Promotion and Education*
41. International Union of Nutritional Sciences*
42. International Union of Psychological Science*
43. International Women's Health Coalition*
44. IntraHealth International Inc. *
45. Iodine Global Network*
46. Italian Association of Friends of Raoul Follereau*
47. Knowledge Ecology International*
48. Lifting the Burden*
49. Médecins Sans Frontières International*
50. Medical Women's International Association*
51. Medicines for Europe*
52. Medicines Patent Pool Foundation*
53. Multiple Sclerosis International Federation*
54. Save the Children*
55. Stichting Health Action International*
56. The Clinton Health Access Initiative, Inc.
57. The Fred Hollows Foundation*
58. The International Society for the Prevention of Child Abuse and Neglect*
59. The Population Council, Inc.*
60. World Association of Echinococcosis*
61. World Confederation for Physical Therapy*
62. World Federation for Mental Health*
63. World Federation of Neurology*

64. World Federation of Neurosurgical Societies*
65. World Federation of Occupational Therapists*
66. World Federation of the Deaf*
67. World Obesity Federation*
68. World Psychiatric Association*
69. World Association for Sexual Health

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ANNEX 4

Revised terms of reference of the Programme, Budget and Administration Committee[1]

[EB146/43 – 27 December 2019]

1. The Programme, Budget and Administration Committee shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chair and a Vice-Chair of the Board, ex officio.

1 bis. The following observers may attend meetings of the Programme, Budget and Administration Committee without the right to vote, subject to the conditions set out in paragraph 1 ter below:[2]

the set of Observers mentioned in paragraph 3 of document EB146/43, namely: the Holy See, Palestine, Gavi,[3] the Order of Malta, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, the Inter-Parliamentary Union, the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under Article 70 of the Constitution; and the European Union.

1 ter. The Chair, subject to any relevant decision of the Board, may, if circumstances require, close the meeting of the Committee, or parts thereof, to observers. Regarding speaking by observers, observers are requested to make interventions at the Board and not to do so at the Committee for the purpose of efficient and effective conduct of Committee business. In an exceptional case where the Chair determines that the efficient and effective conduct of Committee business will not be affected in any way, the Chair may, as appropriate, invite observers to make interventions with respect to items on the agenda that are of particular concern to them or relevant to their mandate.

2. The Committee shall meet twice annually. The Board may, however, decide to convene extraordinary meetings of the Committee in order to deal with urgent matters that fall within the terms of reference of the Committee and that need to be considered between regular meetings of the Committee.

[1] See decision EB146(5).

[2] In decision EB146(5), the Executive Board decided that additional observers may be added to the list provided in paragraph 1 bis of the revised terms of reference of the Programme, Budget and Administration Committee, if so decided by the Board.

[3] "Gavi" should be understood as referring to "Gavi, the Vaccine Alliance".

3. Committee members shall serve for a two-year period. There shall be two office-bearers: a Chair and a Vice-Chair. They shall be appointed from among Committee members, for a one-year term, or two sessions of the Committee, in the first instance (with a possibility of extending for a further year if they are still members of the Board).

4. The Committee shall review, provide guidance and, as appropriate, make recommendations to the Executive Board on:

(1) Programme planning, monitoring and evaluation, including:

(a) the general programme of work;

(b) the programme budget;

(c) performance assessment reports;

(d) evaluation plans and reports;

(e) the Secretariat's response to matters referred to in subsections (a) to (d) above.

(2) Financial and administrative matters, including:

(a) the financing of the work of the Organization;

(b) the annual Financial Report, and audited financial statements, together with the report of the External Auditor thereon;

(c) the annual report on human resources;

(d) the audit plans of the External and Internal Auditors and any reports submitted by them to the Executive Board;

(e) the reports of the Independent Expert Oversight Advisory Committee;

(f) the reports of the Joint Inspection Unit;

(g) the reports of the Ethics Office;

(h) the Secretariat's responses to matters referred to in subsections (a) to (g) above;

(i) other financial and administrative matters on the provisional agenda of the next session of the Executive Board;

(j) any other matter referred by the Executive Board.

5. The Committee shall act on behalf of the Executive Board, to examine, provide advice and make comments or recommendations on all following matters directly to the Health Assembly:

(a) the financial and administrative implications for the Secretariat, and relationship to the programme budget, of proposed resolutions;

(b) the situation of Member States in arrears to an extent that would justify the application of Article 7 of the Constitution;

(c) the Financial Report and audited financial statements, and the report of the External Auditor;

(d) any other programme, administrative, budgetary or financial matters that the Board may deem appropriate.

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ANNEX 5

Written statements – guidelines for Member States[1]

[EB146/31 – 2 December 2019]

The following guidelines apply to written statements by Member States, relating to meetings of the World Health Assembly and Executive Board, to be posted on the dedicated WHO webpage.

1. Written statements are made available for information purposes. They are intended to stimulate debate and enable delegations to complement their oral interventions during the meetings of the WHO governing bodies. For example, they may expand upon the information provided by the Member State concerned during the discussion or may describe country experiences relevant to the agenda item concerned. Written statements may be submitted independently from the delivery of an oral intervention during the meeting, provided that they relate to an item on the agenda.

2. Member States may submit written statements by sending them to the following email address: statements@who.int. Statements intended for oral delivery must be submitted separately to the email address: interpret@who.int.

3. Written statements may be submitted until the closure of the relevant session of the Health Assembly or Executive Board. Such statements will remain published until the closure of the relevant body's equivalent session two years later. Statements submitted after the closure of the relevant session of the Health Assembly or Executive Board will not be accepted.

4. For readability purposes, Member States are invited to limit their statements, as well as statements submitted on behalf of a region or group of countries, to 500 words and 800 words, respectively.

5. Each statement should clearly identify:

   (a) the Member State submitting it or, in the event of regional statements, the region or group of countries on behalf of which the statement is submitted; and

   (b) the governing body session and specific agenda item to which the statement relates.

6. Written statements should contain text only. No photographs, diagrams, maps or other media materials may be included.

7. Written statements may be provided in any of the six WHO official languages (Arabic, Chinese, English, French, Russian and Spanish) and will be published in the format and language of submission. Member States may provide translations of their written statements into one or more of WHO official

[1] See decision EB146(17).

languages, if they so wish. Such translations should be clearly marked with the words "unofficial translation".

8. Member States assume full responsibility for the content of their statements.

9. Written statements should address the agenda item in respect of which they are submitted. They must not include any offensive language, including with respect to other Member States.

10. The opportunity to post written statements on the dedicated webpage is without prejudice to the content of Member States' oral interventions during the meetings of the WHO governing bodies.

11. Written statements do not replace or supplement the official records of the relevant meetings of the WHO governing bodies and do not constitute official WHO documents. The official records of meetings of the WHO governing bodies are exclusively based on statements delivered orally during the meeting, not the content of any written statement that the delegation concerned may have also submitted. The official records constitute the exclusive authoritative record of proceedings.

12. The WHO logo will not appear on the statements but will appear on the webpage where the statements are posted.[1]

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[1] The draft guidelines presented to the Board at its 145th session in document EB145/5 included the following provision on a right of reply in writing:

> 11. *"Any Member State may exercise a right of reply in writing to a written statement posted on the dedicated webpage. Member States wishing to exercise such right should:*
>
> *(a) submit their statement of reply as soon as possible after the statement to which they wish to reply has been posted and, in any case, no later than two working days after the closure of the relevant WHO governing body session;*
>
> *(b) clearly indicate that their statement is a statement of reply;*
>
> *(c) ensure that any such statement is as brief as possible and, in any case, does not exceed the general word limit set out under paragraph 3 above.*
>
> *Notwithstanding the above, the provisions relating to the right of reply as set out in the rules of procedure of the Health Assembly and Executive Board do not extend to written statements posted on the dedicated webpage."*

This provision was not included in the revised draft guidelines presented to the Board at its 146th session in document EB146/31, following an analysis of feedback received from other intergovernmental organizations.

ANNEX 6

Text of amended Rules of Procedure of the Executive Board[1]

Rule 7

…

With the exception of meetings at which candidates for the post of Director-General are interviewed, meetings of the Board related to the nomination of the Director-General as provided for in Rule 62, and for the appointment of the Regional Directors, shall be as provided for in subparagraph (b) above, except that only one representative of each Member State not represented on the Board and of each Associate Member may attend without the right to participate, and that no official record shall be made.

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[1] See decision EB146(22).

ANNEX 7

Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Executive Board

Resolution EB146.R4:	Confirmation of amendments to the Staff Rules: remuneration of staff in the professional and higher categories
Resolution EB146.R5:	Salaries of staff in ungraded positions and of the Director-General

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which these resolutions would contribute:

Output 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery.

2. Short justification for considering the resolutions, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolutions:

With respect to **resolution 1** (concerning salaries for staff in the professional and higher categories and common scale of assessment), the relevant amendments to the Staff Rules will take effect from 1 January 2020.

With respect to **resolution 2** (concerning remuneration of staff in ungraded positions and the Director-General), the relevant adjustments in remuneration will take effect from 1 January 2020.

There is no defined end date for implementation.

B. Resource implications for the Secretariat for implementation of the resolutions

1. Total resource requirements to implement the resolutions, in US$ millions:

The resource requirements for the two resolutions are already included within what is planned under the approved Programme budget 2020–2021.

For the two resolutions regarding modifications to staff salaries, it should be noted that payroll costs are always subject to some variability due to post adjustment, exchange rates, staff mix in terms of dependency and education grant entitlements, among other factors. These additional costs will be absorbed within the overall payroll budget fluctuations and post cost averages.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** Not applicable.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of available resources to fund the implementation of the resolutions in the current biennium, in US$ millions** **– Resources available to fund the resolutions in the current biennium:** Not applicable. **– Remaining financing gap in the current biennium:** Not applicable. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Not applicable.

Resolution EB146.R6:	Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:** **Output 1.1.1.** Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages **Output 1.1.2.** Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results **Output 1.3.2.** Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Zero.
4.	**Estimated time frame (in years or months) to implement the resolution:** June 2020 to December 2030.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 162.1 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 19.9 million: US$ 11.1 million for staff, US$ 8.8 million for activities.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Zero.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

US$ 32.5 million: US$ 15.1 million for staff, US$ 17.4 million for activities.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

For future bienniums, until the end of 2030: a total of US$ 109.7 million (US$ 48.6 million for staff, US$ 61.1 million for activities).

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

US$ 16.6 million.

– Remaining financing gap in the current biennium:

US$ 3.3 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	3.1	0.5	0.2	0.3	0.3	0.6	6.1	11.1
	Activities	2.0	0.5	0.4	0.4	0.3	0.7	4.5	8.8
	Total	5.1	1.0	0.6	0.7	0.6	1.3	10.6	19.9
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	4.6	0.9	0.5	0.7	0.6	0.9	6.9	15.1
	Activities	5.6	2.2	0.6	0.8	0.5	2.2	5.5	17.4
	Total	10.2	3.1	1.1	1.5	1.1	3.1	12.4	32.5
Future bienniums resources to be planned	Staff	16.1	3.3	2.4	3.1	2.7	3.3	17.7	48.6
	Activities	20.9	7.7	3.0	3.7	3.0	7.8	15.0	61.1
	Total	37.0	11.0	5.4	6.8	5.7	11.1	32.7	109.7

Resolution EB146.R7: Draft global strategy for tuberculosis research and innovation

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

10 years, consistent with the WHO End TB Strategy and the United Nations Sustainable Development Goals.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total resource requirements to implement the resolution, in US$ millions:

US$ 12.62 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 2.33 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

US$ 2.42 million.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

US$ 7.87 million.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

US$ 1.8 million.

– Remaining financing gap in the current biennium:

US$ 0.53 million.

– **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

US$ 0.53 million, based on current projections.

Resolution EB146.R8:	Integrated people-centred eye care, including preventable vision impairment and blindness
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:** **Output 1.1.2.** Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results **Output 1.1.3.** Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course **Output 1.1.5.** Countries enabled to strengthen their health workforce **Output 1.2.3.** Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Staff would be needed to carry out technical work. Meetings of experts would also be organized.
4.	**Estimated time frame (in years or months) to implement the resolution:** Six years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** Biennium 2020–2021: US$ 8.0 million Biennium 2022–2023: US$ 8.0 million Biennium 2024–2025: US$ 8.7 million Total cost: US$ 24.7 million over six years
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 2.0 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** An additional investment of US$ 6.0 million would be required for the extra work needed, assuming full financing and implementation during 2020–2021. This contingency level would be applied as necessary to ensure full implementation of the objectives mandated by this resolution.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 8.0 million.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Biennium 2024–2025: US$ 8.7 million.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

US$ 2.0 million.

– Remaining financing gap in the current biennium:

US$ 6.0 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

On course to raise US$ 3.0 million in the current biennium and there are ongoing efforts to raise an additional US$ 3.0 million.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	1.0	1.0
	Activities	–	–	–	–	–	–	1.0	1.0
	Total	–	–	–	–	–	–	2.0	2.0
2020–2021 additional resources	Staff	0.6	0.2	0.4	0.2	0.4	0.6	0.0	2.4
	Activities	0.9	0.3	0.6	0.3	0.6	0.9	0.0	3.6
	Total	1.5	0.5	1.0	0.5	1.0	1.5	0.0	6.0
2022–2023 resources to be planned	Staff	0.6	0.2	0.4	0.2	0.4	0.6	1.0	3.4
	Activities	0.9	0.3	0.6	0.3	0.6	0.9	1.0	4.6
	Total	1.5	0.5	1.0	0.5	1.0	1.5	2.0	8.0
Future bienniums resources to be planned	Staff	0.7	0.2	0.4	0.2	0.4	0.7	1.1	3.7
	Activities	0.9	0.3	0.7	0.3	0.7	1.0	1.1	5.0
	Total	1.6	0.5	1.1	0.5	1.1	1.7	2.2	8.7

Resolution EB146.R9: Strengthening efforts on food safety

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:

Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities

Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated

Output 3.1.2. Countries enabled to address environmental determinants of health, including climate change

Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Output 3.3.2. Global and regional governance mechanisms used to address health determinants and multisectoral risks

2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** In adopting this resolution to strengthen efforts on food safety, the Executive Board would approve a commitment by the Organization to deliver the outputs already planned for, but also to scale up the associated work in updating the WHO global strategy for food safety: safer food for better health and in developing the growth, capacity and usage of food safety infrastructure around the world. The scale of the work involved was not fully appreciated at the time when the Programme budget 2020–2021 was approved, which is why additional work would need to be planned for here.
4.	**Estimated time frame (in years or months) to implement the resolution:** Six years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 24.7 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 3.1 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 5.4 million.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 8.1 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 8.1 million.
5.	**Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions** **– Resources available to fund the resolution in the current biennium:** US$ 3.1 million. **– Remaining financing gap in the current biennium:** US$ 5.4 million. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Discussions are in progress with the European Commission, the United States Food and Drug Administration, Canada and Japan on potential provision of support for food safety activities.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.5	0.5
	Activities	–	–	–	–	–	–	2.6	2.6
	Total	–	–	–	–	–	–	3.1	3.1
2020–2021 additional resources	Staff	0.1	0.03	0.1	0.03	0.1	0.1	1.4	1.9
	Activities	0.3	0.05	0.3	0.05	0.2	0.2	2.4	3.5
	Total	0.4	0.08	0.4	0.08	0.3	0.3	3.8	5.4
2022–2023 resources to be planned	Staff	0.1	0.1	0.1	0.1	0.1	0.1	1.9	2.5
	Activities	0.4	0.1	0.4	0.1	0.3	0.3	4.0	5.6
	Total	0.5	0. 2	0.5	0.2	0.4	0.4	5.9	8.1
Future bienniums resources to be planned	Staff	0.1	0.1	0.1	0.1	0.1	0.1	1.9	2.5
	Activities	0.4	0.1	0.4	0.1	0.3	0.3	4.0	5.6
	Total	0.5	0. 2	0.5	0.2	0.4	0.4	5.9	8.1

[a] The row and column totals may not always add up, due to rounding.

Resolution EB146.R10: Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this resolution would contribute:

All outputs covered by Pillar 2 (One billion more people better protected from health emergencies):

Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported

Output 2.1.2. Capacities for emergency preparedness strengthened in all countries

Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities

Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards

Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens

Output 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated

Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

24 months.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total resource requirements to implement the resolution, in US$ millions:

Not applicable: the work required to implement this resolution essentially consists of WHO's work already approved in the Programme budget 2020–2021 under Pillar 2, guided further by the recommendations of the Executive Board.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

Not applicable.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions

– Resources available to fund the resolution in the current biennium:

Not applicable.

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

Decision EB146(2): Non-State actors in official relations with WHO

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

Output 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Official relations with non-State actors is a standing agenda item of the first annual session of the Executive Board. Each year one third of non-State actors are reviewed and, where applicable, renewed for a three-year period based on an agreed workplan and new entities are admitted for official relations with WHO.

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

Resources associated with interactions with non-State actors in official relations are part of the regular planning cycle and are not calculated separately.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

Not applicable.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

To be reassessed based on evaluation of the Framework of Engagement with Non-State Actors.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

Not applicable.

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

Decision EB146(3): Geneva buildings renovation strategy

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Not applicable.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Renovation of the Geneva buildings is a long-term infrastructure project that is being planned and implemented outside the results framework of the approved Programme budget 2020–2021. It is not directly linked to the technical delivery of any individual programme budget per se.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Construction of two security buildings and a new facility for housing equipment for the district heating and cooling system at WHO headquarters in Geneva.

4. Estimated time frame (in years or months) to implement the decision:

12 months.

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

US$ 10 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 10 million.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

Not applicable.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 10 million (will be covered by the existing interest-free loan from the Swiss federal authorities for the construction of the new building).

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

Decision EB146(5):	Participation in the Programme, Budget and Administration Committee of the Executive Board
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Not applicable.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** No resource implications envisaged.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** No resource implications envisaged.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** No resource implications envisaged.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** No resource implications envisaged.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** No resource implications envisaged.
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** No resource implications envisaged.

– **Remaining financing gap in the current biennium:**

No resource implications envisaged.

– **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

No resource implications envisaged.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Decision EB146(6): Meningitis prevention and control	
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 1.1.1.** Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages **Output 1.1.2.** Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results **Output 1.3.2.** Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems **Output 2.2.2.** Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale **Output 3.2.1.** Countries enabled to develop and implement technical packages to address risk factors through multisectoral action **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** It should be noted that the costing does not include the cost of implementing or operationalizing the decision (that is, beyond the development of a draft global strategy to defeat meningitis by 2030). This will be developed for subsequent submission to the governing bodies.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Five months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 1.6 million, in order to submit a draft global strategy to defeat meningitis by 2030 for consideration by the Seventy-third World Health Assembly.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 1.6 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

Not applicable.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 1.6 million.

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.10	0.10	0.10	0.10	0.10	0.10	0.50	1.10
	Activities	0.10	0.05	0.05	0.05	0.10	0.05	0.10	0.50
	Total	0.20	0.15	0.15	0.15	0.20	0.15	0.60	1.60
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned (till 2030)	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB146(7):	Strengthening global immunization efforts to leave no one behind
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 1.1.1.** Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages **Output 1.1.2.** Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results **Output 1.3.2.** Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** It should be noted that the costing does not include the cost of implementing or operationalizing the decision (that is, beyond the development of a draft immunization vision and strategy ("Immunization Agenda 2030")). This will be developed for subsequent submission to the governing bodies.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Five months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 1.4 million, in order to finalize a draft immunization vision and strategy ("Immunization Agenda 2030") for consideration by the Seventy-third World Health Assembly.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US $ 1.4 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** The total resource requirements to implement the new vision and strategy will have to be developed once the governance and operational aspects are developed for subsequent submission to the governing bodies.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** As above (B.3).

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US $ 1.4 million.

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.20	0.00	0.00	0.00	0.10	0.00	0.70	1.00
	Activities	0.05	0.05	0.05	0.05	0.05	0.05	0.10	0.40
	Total	0.25	0.05	0.05	0.05	0.15	0.05	0.80	1.40
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned (till 2030)	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB146(8): Epilepsy

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Activities for development and implementation of the global action plan for epilepsy (2021–2030) will be carried out during the next 10 years (2020–2029).

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

2020–2021: US$ 0.5 million (staff US$ 0.3 million, activities US$ 0.2 million)

2022–2029: US$ 20.0 million (staff US$ 10.0 million, activities US$ 10.0 million).

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 0.5 million, planned for in the approved Programme budget 2020–2021, for staff costs and activities for development of the action plan and initial implementation of the plan. Thus there are no additional requirements.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Not applicable.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

US$ 5.0 million (staff US$ 2.5 million, activities US$ 2.5 million)

At headquarters: one person (100% of one full-time equivalent) at grade P4; one person (15% of one full-time equivalent) at grade P5, with international expertise in public health and neurology; and one person providing administrative support (25% of one full-time equivalent) at grade G5.

At the regional level: one person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (50% of one full-time equivalent) at grade P4 in each region.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Headquarters

Two persons with international expertise in public health and neurology:

one (100% of one full-time equivalent) at grade P4

one (15% of one full-time equivalent) at grade P5;

One person providing administrative support (25% of one full-time equivalent) at grade G5.

Regional level

One person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (50% of one full-time equivalent) at grade P4 in each region.

Total costs (headquarters and regional level)

Biennium 2024–2025: US$ 5.0 million (staff US$ 2.5 million, activities US$ 2.5 million);

Biennium 2026–2027: US$ 5.0 million (staff US$ 2.5 million, activities US$ 2.5 million);

Biennium 2028–2029: US$ 5.0 million (staff US$ 2.5 million, activities US$ 2.5 million).

Total: US$ 15.0 million (staff US$ 7.5 million, activities US$ 7.5 million) for the three bienniums.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 0.2 million.

– Remaining financing gap in the current biennium:

US$ 0.3 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Not applicable.

Decision EB146(9): Neglected tropical diseases

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

None.

4. Estimated time frame (in years or months) to implement the decision:

Four months (February–May 2020).

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

US$ 0.15 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 0.15 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

None.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

None.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

None.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 0.15 million.

– Remaining financing gap in the current biennium:

Zero.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.00	0.00
	Activities	–	–	–	–	–	–	0.15	0.15
	Total	–	–	–	–	–	–	0.15	0.15
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB146(10): Global strategy and plan of action on public health, innovation and intellectual property

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists.

Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.

Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved.

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities.

Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Consultations to be convened by the Director-General on the recommendations of an overall programme review panel not emanating from the global strategy and plan of action on public health, innovation and intellectual property. In addition, scaling up of implementation of the recommendations of the review panel addressed to the WHO Secretariat beyond those already approved in the Programme budget 2020–2021.

4. Estimated time frame (in years or months) to implement the decision:

Three years (2020–2022).

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

US$ 16.9 million for the period 2020–2022.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 8.7 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

An additional investment of US$ 2.0 million would be required for the extra work needed, assuming full financing and implementation during 2020–2021. This contingency level would be applied as necessary to ensure full implementation of the objectives mandated by this decision.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

US$ 6.2 million.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Zero.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 1.7 million.

– Remaining financing gap in the current biennium:

US$ 9.0 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Discussions are ongoing with Member States and other donors in order to mobilize additional resources.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	7.9	7.9
	Total	–	–	–	–	–	–	8.7	8.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	1.2	1.2
	Total	–	–	–	–	–	–	2.0	2.0
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	5.4	5.4
	Total	–	–	–	–	–	–	6.2	6.2
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB146(11): Polio eradication

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

None.

4. Estimated time frame (in years or months) to implement the decision:

Two years (2020–2021).

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

Approximately US$ 500 million, for the cost of polio vaccine procurement.

WHO Secretariat costs for supporting a review of data and preparation of a submission to emergency use listing procedure are already covered through the Global Polio Eradication Initiative budget. This budget has also supported the establishment of a staff position in the WHO prequalification team. Thus no additional Secretariat costs are envisaged.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

The WHO budget for polio eradication for 2020–2021 is US$ 1.018 billion. Replenishing the stockpile of oral polio vaccine type 2 vaccine is not included in this sum, that is, this additional cost was unplanned.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 500 million.

If the total additional requirement of approximately US$ 500 million were to be added to the polio budget, it would be reflected in the non-base portion of the WHO programme budget. Alternatively the cost of vaccine procurement could be covered by polio partners and/or donors separate from WHO and the amount would therefore not be reflected in the programme budget. Discussions are under way on how to finance the cost of replenishing the oral polio vaccine type 2 stockpile. This has yet to be decided by the Global Polio Eradication Initiative.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

Although not presently planned for, if it were to become necessary to expand vaccine stockpiles in 2022–2023, a further US$ 500 million would need to be considered for the proposed programme budget (non-base) for 2022–2023. This cost is very roughly estimated and would be re-calculated based on the progress made in 2020–2021 towards stopping outbreaks due to type 2 poliovirus.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Unknown.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

There is no identified budget or funding for this, as it is not costed within the WHO budget for polio eradication for 2020–2021 (US$ 1.018 billion).

– Remaining financing gap in the current biennium:

US$ 500 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Discussions are under way with partners and donors to secure potential sources of external funding. Through this decision and elsewhere, the Global Polio Eradication Initiative is raising expectations of obtaining domestic contributions towards the financing of outbreak responses. The possibility of innovative financing mechanisms and loans are also being investigated.

Decision EB146(13):	Decade of Healthy Ageing
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 1.1.1.** Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages **Output 1.1.3.** Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course **Output 3.1.1.** Countries enabled to address social determinants of health across the life course **Output 3.2.1.** Countries enabled to develop and implement technical packages to address risk factors through multisectoral action **Output 3.2.2.** Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society **Output 3.3.1.** Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces **Output 4.1.2.** GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Ten years: 2020–2030.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 161.8 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 21.9 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 31.2 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 108.7 million.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 6.1 million.

– Remaining financing gap in the current biennium:

US$ 15.8 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

A resource mobilization strategy is under development.

Decision EB146(14): Accelerating action to reduce the harmful use of alcohol

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

In adopting this decision to strengthen efforts on alcohol control, the Executive Board would approve a commitment by the Organization to deliver the outputs already planned for, but also to develop an action plan (2022–2030) in consultation with Member States and relevant stakeholders, and a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities. These additional tasks involve organization of technical consultations at the regional level, technical expert meetings at the global level and conducting a broad consultation process, including consultations with Member States. The scale of the work involved was not fully appreciated at the time when the Programme budget 2020–2021 was approved, hence the need for additional work.

4. Estimated time frame (in years or months) to implement the decision:

28 months.

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

US$ 3.0 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 0.4 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

An additional investment of US$ 2.4 million would be required for the extra work needed, assuming full financing and implementation during 2020–2021. This contingency level would be applied as necessary to ensure full implementation of the objectives mandated by this decision.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

US$ 0.2 million.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Zero.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

US$ 0.4 million.

– Remaining financing gap in the current biennium:

US$ 2.0 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

Resources are already in place for some of the staff capacity required to implement the decision, but the full resources required to organize the intergovernmental meetings required have not yet been fully mobilized. Donor negotiations are already being planned to raise the finance required.

Decision EB146(15): Data and innovation: draft global strategy on digital health

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 4.1.3. Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

Output 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

The implementation of the strategy in a selected set of countries is not covered by the approved Programme budget 2020–2021, hence the request for an additional US$ 12 million in the current biennium.

4. Estimated time frame (in years or months) to implement the decision:

Five years.

B.	Resource implications for the Secretariat for implementation of the decision
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 163 million over five years for the six regions and headquarters.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 11 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** An additional investment of US$ 12.0 million would be required for the extra work needed, assuming full financing and implementation during 2020–2021. This contingency ceiling would be applied as necessary to ensure full implementation of the objectives mandated by this decision.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 90 million (the amount is projected, based on increased activities at the country and regional levels).
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 50 million (in 2024).
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 10.2 million. **– Remaining financing gap in the current biennium:** US$ 12.8 million. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** None.

Decision EB146(17):	WHO reform: written statements – guidelines for Member States
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Implementation on a trial basis from the closure of the 146th session of the Executive Board until the closure of the 149th session of the Executive Board, as set out in the decision.

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

No resource implications envisaged.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

No resource implications envisaged.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

No resource implications envisaged.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

No resource implications envisaged.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

No resource implications envisaged.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

No resource implications envisaged.

– Remaining financing gap in the current biennium:

No resource implications envisaged.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

No resource implications envisaged.

Decision EB146(18): Primary health care

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

Output 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Output 3.1.1. Countries enabled to address social determinants of health across the life course

2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** 10 years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 374.7 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 54.0 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 75.5 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** US$ 245.2 million.
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 4.0 million. **– Remaining financing gap in the current biennium:** US$ 50.0 million. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	10.6	3.0	2.3	2.1	4.4	2.0	2.2	26.6
	Activities	8.0	3.0	3.0	3.0	4.0	3.2	3.2	27.4
	Total	18.6	6.0	5.3	5.1	8.4	5.2	5.4	54.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	14.7	4.8	5.4	3.2	6.0	4.4	2.4	40.9
	Activities	9.4	3.8	4.7	3.8	4.8	4.7	3.4	34.6
	Total	24.1	8.6	10.1	7.0	10.8	9.1	5.8	75.5
Future bienniums resources to be planned	Staff	47.7	15.7	17.6	10.3	19.6	14.2	7.6	132.7
	Activities	30.7	12.3	15.4	12.3	15.3	15.4	11.1	112.5
	Total	78.4	28.0	33.0	22.6	34.9	29.6	18.7	245.2

Decision EB146(19): Influenza preparedness

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

24 months.

B. Resource implications for the Secretariat for implementation of the decision

1. Total resource requirements to implement the decision, in US$ millions:

US$ 2.78 million.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:

US$ 2.78 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:

Zero.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:

Zero.

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:

Zero.

5. Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions

– Resources available to fund the decision in the current biennium:

Zero.

– Remaining financing gap in the current biennium:

US$ 2.78 million.

– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:

The Secretariat is seeking to expand the donor base to raise the funds needed.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	0.24	0.24	0.24	0.24	0.24	0.24	1.34	2.78
	Total	–	–	–	–	–	–	–	–
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB146(20): Maternal, infant and young child nutrition

A. Link to the approved Programme budget 2020–2021

1. Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:

Output 3.1.1. Countries enabled to address social determinants of health across the life course

Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Output 3.3.2. Global and regional governance mechanisms used to address health determinants and multisectoral risks

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:

Not applicable.

3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Two years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 0.156 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 0.156 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Zero.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** Zero.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** Zero.
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 0.156 million. **– Remaining financing gap in the current biennium:** Zero. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Not applicable.

Decision EB146(21):	WHO reform: governance
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.

2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** 12 months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** The decision can be implemented fully by existing staff. There are no additional resource requirements.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** Not applicable.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** Not applicable. **– Remaining financing gap in the current biennium:** Not applicable. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Not applicable.

Decision EB146(22):	Evaluation of the election of the Director-General of the World Health Organization
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this decision would contribute:** **Output 4.2.1.** Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** 30 months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 0.77 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 0.54 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Zero.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 0.23 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** Zero.
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 0.54 million. **– Remaining financing gap in the current biennium:** Zero. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Zero.